9	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	I RECORD.	Y. PHYSI	Exact stat	
MARGIN RESERVED FOR BINDING	ERMANEN	EXACTL	y classified.	te.
D FOR	IS IS A P	e stated	e properl	f certifica
ESERVE	INK-TH	E should b	it it may b	on back o
RGIN RI	NFADING	plied. AG	rms, so tha	TION is very important. See instructions on back of certificate.
MIA	WITH U	refully sup	in plain te	ant. See i
	PLAINLY,	ould be car	F DEATH	ery import
V. S. No. 1	-WRITE	mation sh	CAUSE 0	TION is
V. S. N	N. B.	1	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9585
1. PLACE OF DEATH	145
county ame armelel	Registration Dist. No. 23
Village or City Samders Range	No. The St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrsmos.	
2. FULL NAME GOORGE Complete	
(a) Residence: No.	solen warmie (, O,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RAGE OR DIVORCED (write the word)	21. DATE OF DEATH Tanker 15 (Month) (Day) (Year)
5a. If married, widowed or divorced AUSBAND of USBAND OF	22. OI HEREBY CERT, IFY, That / attended deceased from
(or) WIFE of Callerine Chilalt	Don sold don'the occurred
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
76 2 1 1/ fday,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SII K MILL	Suicido by hanging 9-15-37.
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and yaar) spant in this occupation	
A A	Other Cantributary Causes of Importance:
12. BfRTHPLACE (city or town) (Stata or country)	
E	No. of a second
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? A Was there an autopsyll A
15. MAIDEN NAME ataring aimable	23. If death was due to external causes (VIOL ENCE) fill in also the following:
E	Accident, Suicide? or homicida? Date of injury 0-/5, 1927
(Stata or country)	Where did injury occur? In Ame
and Pulling onesso	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Samueles Range (NO) Burg	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Sanawa Ly Sell
Place eday Hill Chate Dept. 18, 1931	Nature of injury
19. UNDERTAKER homes W. Dingleton	24. Was disease or injury in any may related to or upation of dateased?
(Address) Hen Burnie, ma,	If so, specify . Helph acting (goner)
20 FUED Sept & 1937 moreally	(Signed) Horry M.D.
Dep Registrar.	(Address) Januare Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Bandmore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

1937

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when, a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 1931	July 5, 1927	Peritonitis	3 days ago
WILKEAU V.S	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			141

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

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U	5	X	9
V	1/	U	٧.

1. PLACE OF DEATH		23
County leeve Ceru	dal ,	Registration Dist. No. 🙏
Village or City Onensur	1000e	No. State Hospital St., Ward
the second of the control of the last the	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(-4).00	. ()	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	us Beau	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
made legro!	OR DIVORCED (write the word)	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBANO of		
(or) WIFE of Mary I	Dean.	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	188-11- 11-b	I last saw h Lika alive on Sept 6 , 1937; death is said
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 2.53 m.
53	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular	3 1	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	asteren	
Industry or business in which work was done, as SILK MILL,	00	
SAW MILL, BANK, etc	11. Total time (years)	
this occupation (month and year)	spent in this occupation	
12 DIDTUM ACT (site as forms)	and.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Es d	Digital Culton
E 13. NAME Deuce	rea.	
13. NAME OCUCO	Crude & Co	Name of operation Name Dete of
(State of country)	wanel -	What test confirmed diagnosis? Augor and fully Was there an autopsy?
15. MAIDEN NAME Touse	The s	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	annaer Co	Accident, suicide, or homicide?
(State or country)	yanel	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT STOR PLTOS' F	grand	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Stall Sespital	
Place 125 ench Hell D	ato Sept. 101037	Manner of injury
		Nature Minjury
19. UNDERTAKER (Address)	of July	24. Was disease or miury in any way relift d to occupation of de cased?
615 35	al survey of	(Signature M. D. M
26. FILED 19 9	Registrar.	(Address)
If mot blank		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00T 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	To Alid
County FULL Velled	Registration Dist. No. X
Village or City Jesusla	No. St.,  (If death occurred in a hospitator institution, give its NAME instead of street and number
Length of residence in city of lown where death occurredyrs	mos. How long in the 1f of foreign birth? yrs. mos.
2. FULL NAME Sufacet)	TOU AT U. S. Veteran Special WAR
(a) Residence: No.	P. Zest Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERT/FICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOW	
OR DIVORCED (write the	ord) (193)
5a. If married, widowed, or divorced	(Month) (Day) (Y
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease
Nob \$ 1/2 th	937 to
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Devs If LESS	than to have occurred on the date stated above, etm,
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or perticular kind of work done, as SPINNER,	in. weld as follows: Tupe are we all
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	from What I Could galler
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	Suformant I would Say I
11122	O Steer Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	the name of the
13. NAME CUM NOWN	Too with it died
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME //da X /eas	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Alanghace f	Accident, suicide, or homicide? Date of Injury, 1
E (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMAN Mary John Hass	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF BEMOVAL	Manner of injury
Place Wars Maplebate Offs 1,1	9.3./ Nature of Injury.
19. UNDERTAKER James Johnson	24. Was disease or injury layany way related to occupation of deceased?
(Address) Wright - Juce	f so, specify
20 FILED CHT 19 137 HAT Clary	(Signed)
MCA his NRegis	trar. (Address) Arthurke Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis / FOF FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 051 48 1937	July 5, 1927	Peritonitis	3 days ago
PUREAU V. S.	of the second se		
Other contributory causes of importance:	٧	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

(Yaar)

Oate of onset

## ED. supplied.

BINDING

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Anne Arundel plnods County Registration Dist. No Crownsville State Hospital No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidanca in city or town where daath occurred. vrs. mos. 8 ds. How long in U.S. if of foraign birth? statement Andrew Brown 2. FULL NAME If U. S. Veteran, specify WAR\_\_\_\_\_ Ridgely, Caroline Countst, Maryland (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. male OR DIVORCED (write tha word) September 23rd black married classified. 5a. If marriad, widowad, or divorced HUSBANO of I HEREBY CERTIFY. That I ettended deceased from Mary Brown (or) WIFE of September 15th, 37 to Sept. 23 alive on Sept. 23rd 19 37 : daath is said 1878 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yaars Months 0ays If LESS than 1 day, ..... hrs. 59 The PRINCIPAL CAUSE OF DEATH and related causes of importance Unknown or .... min. Myocarditis B. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... 9. Industry or business in which may back work was dona, as SILK MILL, SAW MILL, BANK, atc.... 10. Data dacaasad last worked at this occupation (month and 11. Total time (years) spent in this that occupation \_\_\_\_ Other Contributory Causes of importance: Psychosis with somatic disease 12. BIRTHPLACE (city or town) .... (Stata or country) plain terms, Unknown FATHER 13. NAME 14. BIRTHPLACE (city or town) Unknown Name of oparation .... (Stata or country) What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ carefully MOTHER Unknown 15. MAIOEN NAME in 23. If death was due to externel causes (VIOLENCE) fill in also the following: OF DEATH (State or country) Whare did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Crownsville, Maryland pluods (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation TION 24. Wes disease or injury in any way raisted to occupation of dacaased 19. UNOERTAKER \_. (Addrass) If so, spacify-(Signed) rownsvil egistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	E OF DEATH in plain terms, so that it may be properly classified. Exact statement	
	CORD	PHYS	act sta	
5	NT RE	LY.	d. Ex	
NOTON	MANE	KACT	lassifie	
r DII	A PER	ed E	perly c	firsto
D ro	SI SI	be stat	be pro	of corti
2 × 2 2	K-TH	hould	may	hack
200	NG IN	AGE s	that in	ions on
MANGIN RESERVED FOR BINDING	NFADI	plied.	rms, so	nstruct
4	TH U	lly sup	olain te	See
	'X' M	carefu	rH in 1	ortant
	LAIN	uld be	F DEA	is very important. See instructions on back of certificate
4	TE F	sho	E OI	is ve

MOTHER

OCCUPA-

should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. Village or City Crownsville (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_\_\_\_ How long in U.S. if of foreign blrth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_ Clarence Brown 2. FULL NAME (a) Residence: No. Baltimore City (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Single Male Black September (Oay) (Year) 5a. If married, widowad, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from 26 (or) WIFE of sept. July Jan. 17, 1927 6. DATE OF BIRTH (month, day, and year) Sept. 23 7. AGE Years Months Oavs If LESS than to have occurred on the date stated above, at 4:308m 6 10 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 2 days Status epilepticus 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation \_. Other Contributory Canses of importance: Maryland 12. BIRTHPLACE (city or town) \_\_\_\_. (Stata or country) Epilepsy George Brown FATHER 13. NAME

14. BIRTHPLACE (city or town) Mary land (State or country)

Jeannette ? 15. MAIOEN NAME

16. BIRTHPLACE (city or town)\_ Maryland (State or country)

Hospital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL

mount Calvary Balling ms. 19. UNDERTAKER ugie Re (Address) 146 3. n. Carey St. Baltyman, In

Registrar.

Manner of injury 24. Was diseasa or injury in any way related to occupation of deceased?

What tast confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? IIQ

(Specify city or town, county and State)

23. If daath was due to external causes (VIOLENCE) fill in also tha following:

Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Name of operation

Accident, suicide, or homicide?\_\_\_\_

Where did injury occur?\_\_\_

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Example 1	il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH		9	
	County	Con Con	Registration Dist. No.	
1	Village or City 400	whalf My	NoSt.,	Ward
1	Langth of residence in city of town whera d		death occurred in a hospital or institution, give its NAME instead of street and s	
1	2. FULL NAME Email	p soft	(BROWN)  If U. S. Veteran, specify WAR	
	(a) Residence: No.	on Ow	St., Ward.	
LONGS:	(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and	d State
-	PERSONAL AND STATISTI	1	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH 2 1937	102
50	a. If married, widowad, or divorced	Single	(Month) (Day)	(Year)
1	HUSBAND of (or) WIFE of	A .	22. LHEREBY CERTIFY, That I attanded	daceased from
-		March 11.	8/17/37,19 10 9/2/37	, 19
6.	DATE OF BIRTH (month, dey, and year)	Days If LESS than	I last saw h alive on	; death Is seid
1	AGE Years Months	1 day,hrs.	to have occurred on the date steted above, at	
7.	8. Trade, profassion, or particular	SW/S or min.	ware as follows:	Date of onset
i No	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc			
occupation	9. Industry or businass in which work wes done, es SILK MILL,		Pertussis	3 who
	SAW MILL, BANK, etc	11. Total tima (yaars)		
0	this occupation (month and year)	spent in this occupation		
HER GOOD	2. BIRTHPLACE (city or town)	A A had	Other Cuutributory Causes of importence:	
inc.	(State or country)	W. Jor Mich.	Bronch Programme	3dys
HER	13. NAME Carry	4. Scope		R
FAT	14. BIRTHPLACE (city or town)	N A mas	Name of operation Date of	
_	(State of Country)	- fa vo ///9.	What test confirmed diegnosis? Was there an	
MOTHE	15. MAIDEN NAME	1 sound	23. If death was due to external causes (VIDL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or fown)	Les to his	Accident, suicide, or homicide? Date of Injury  Whare did injury occur?	, 19
	150	A. Bealie.	(Specify city or town, county and Sta Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PI	
2	7. INFORMANT Quantity (Addrass)	a Breella	-	.not.
IS Very	8. BURIAL, CREMATION DE REMOVAL	L 2 31	Manner of injury	
	Place Dr. J. J. J. J.	Date \$195 3 195	Natura ol injury	
19	9. UNDERTAKER	yeep/y	24. Was disaasa or injury in any way related to occupation of deceased?	160
-	(Address)	ANOUTER MACH	If so, specify College	0.
20	0. FILED 7-3 19.3	mon Registrar.	(Signad) Address Chan Bun	- C )2nd
-	If more		, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

B

AGE should be stated EXACTLY. PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ZARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEAT	H /	1717 (1)		94	
	County	A	,		Registration Dist. No. 2	
	Village or City	asto	ort		No. 16 Marsh Olacest, death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of rasidenca in city	or town where death	occurred	yrsmos	ds. How long in U.S. if of foreign birth?m	osds.
1	2. FULL NAME	mon	of	11	If U. S. Veteran, specify WAR	
	(a) Residence: No	16 h	205	s Ola	CS. Ward.	
_			(Usual place		If nonresident give city or town and	State
-	PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	
3.0	Hem. Color	land 5.		RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH / 9 (Month) (Day)	, 193(Year)
5a.	. If married, widowad, or divorce HUSBAND of	ed		0		
	(or) WIFE of				22.   HEREBY CERTIFY, That I attended	
		7	0	01/097	, 19, to	
	DATE OF BIRTH (month, day,		reh	201151	1 last saw h alive on, 19, 19	; death is said
7.	AGE Years	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at	
_		4		ormin.	were as follows:	Date of onset
Z	8. Trade, profession, or par kind of work done, a	s SPINNER.		0	1	
TION	SAWYER, BOOKKEEP	ER, etc.	Jan		HOUTE GORONARY	O.4.
OCCUPA	9. Industry or business in work was dona, as SI SAW MILL, BANK, et	Which LK MILL,				
	IO. Date deceased last work		II Total ti	me (years)	OCCULSION	
HER	this occupation (mon	th and	spai	nt in this		
	yaar) occupation		Other Contributory Causes of importance:			
12	BIRTHPLACE (city or town)	Qual	por	<i></i>		
-	(State or country)			7111		
HER	13. NAME	eph	41	ees_		
A	14. BIRTHPLACE (city or tow	11 - 1-1-1-1	9	10	Name of operation Date of	
6 —	(State or country)	200	mar		What test confirmed diagnosis? Was there an	au opsy?
HER	15. MAIDEN NAME Grasy Brown				23. If death was dua to external causes (VIOLENCE) fill in also the followin	g:
MOTHER	5 16. BIRTHPLACE (city or town)			11	Accident, suicide, or homicide? Date of Injury	, 19
Σ		Arm	apor	mech	Where did injury occur?	
	Jan Jan	//	We	Pla	(Specify city or town, county and Ste Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
: 17	(Address)	Das	we	m. 19.		
18	B. BURIAL CREMATION, OR	MOVAL	11. 8		Manner of injury	
	Place How len Chappie Dept 2/,1937			px 2/,1937	- Nature of injury	
19		10 11	11		24. We discove of himse in any way related to occur ition of deposeed?	A -
19	O. UNDERTAKER	0.	no			2
<b>7</b>	(Address)	( ZA)	MI	704	Count Detine Car and or	7-1-1
20	0, FILED 7:24 , 1	3/X	16V h	NOS	(Signed)	M. D
	•	411	HI	Registrar.	(Ardress)	

mation should be carefully supplied. AGE should be, stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.-WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

BINDING

FOR

HARGIN RESERVED

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state

PHYSICIANS Exact statement

stated EXACTLY properly classified.

AGE should be

certificate.

back of

See instructions on

FA

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

OCCUPA.

of

ORD. Every item of infor-

1.	STATE OF MARYLAND—CERTIFICATE OF DEATH  1. PLACE OF DEATH  County Anne Arundel  Village or City Crownsville State Hospital No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.					
2	FULL NAME		Brown		If U. S. Veteran, specify WAR	
	(a) Residence:	No. 603 P1	erce St (Usualpiace	Baltin	OODSE, Md Ward.  If nonresident give city or town an	d State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	emale 4.	black	5. SINGLE, MAI OR DIVORCE Marr	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH September 16th (Month) (Day)	., 193. 7 (Yeer)
5a. If married, widowed, or divorced HESEARE of (or) WIFE of Charles H. Brown.  6. DATE OF BIRTH (month, day, and year) 12/25/1870					22. I HEREBY CERTIFY. That I attended ept. 19th 19 37, to Sept. 16  I last saw h. er. elive on Sept. 16th 19 3	, 19.3.7.
7. A	GE Years 66	Months	Days 22	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, et 12:55 Pm. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
OCCUPATION	9. Industry or busin work was don	, or particuler done, es SPINNER, DKKEEPER, etc ness in which le, es SILK MILL,	Housew	ork	Coronary thrombosis	Date of onset
OCCO	SAW MILL, B. 10. Date deceased le this occupatio year)	ANK, etcst worked at n (month and	11. Total spe	time (years) ent in this upation		
12.	12. BIRTHPLACE (city or town) Virginia (State or country)				Other Contributory Causes of importance: General arteriosclerosis	
THER						**
-	Virginia Virginia				Name of a service	

(State or country) Jannie (Unknown) Virginia

(State or country) Hospital Records 17. INFORMANT Maryland lle. (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 20. FILED 9/) Registrar.

What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

If so specify Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury

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|--|

or- nte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9593
sta UP	1. PLACE OF DEATH	(39)
of not of occ	County	Registration Dist. No.
shou of O	Village or City Carole	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
- · · · ·		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ds.
ZD. Every YSICIANS statement	2. FULL NAME SASCUMOS Bro	
ICI ater		If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECOK. PHY Exact S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Vear)
ANEN ACTI ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
X X X A class	White the same	XV 10 Jef 29 19
E Iy	6. DATE OF BIRTH (month, day, end year)	I last saw h
IS A Pl stated 1 properly certificat	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
IS sta pro	Solvada profession or particular	were as follows: Date of onset
ris be be of	8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Cause William 1 9/2/2-
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	1,14,19
VK—T should it may n back		
0 tm	O 10/Date decessed lest worked at this occupation (month end year)	
AGE that ions	By the	Other Contributory Couses of Importance:
d. so ucti	12. BIRTHPLACE (city or town)	1 Geletes 9/5/3
VF.A	W 13. NAME Stasse Hall	7/14
suppl in terr	14. BIRTHPLACE (city or town)	Name of operation Date of
= ·= v2	State of Country.	What test confirmed diegnosis? Clerulay Was there an au opsy? No.
WY eful in p	15. MAIDEN NAME masy Allow	23. If death was due to external causes (VIOLENCE) fill in elso the following:
L	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
ALLY, d be can DEATH y import	State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF DE	17. INFORMANT ASSOCIATION (Address) Para 6 0.6. md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
she E O E	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Mental Date 11 195	Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER 13. July 19.	24. Was disease or injury in eny way related to occupation of deceased?
B	(Addiess) Amapoling	if so, specify
z /	20. FILED	(Signed) (Ardress) Auto Dus Urg
	If more blanks are needed address State Possesses	N. Charles Sanat Politican Program 21 S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUNEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0

date

### STATE OF MARYLAND—CERTIFICATE OF DEATH

0	5	0	18
U	U	J	7

1. PLACE OF DEATH					
County while Malitall Anne Arun	del Registration Dist. No. 21				
Village Dr City annapolis	ND. St. Ward				
(If	death occurred in a hospital or institution, give its NAME instead of street and number)				
	Ods. How long in U.S. if of foreign birth? yrs. mos. ds.				
2. FULL NAME Sarah Elizabeth Bu	ellen.				
(a) Residence: Np. 1104 Sanglist (Usual place of abode)	St., Ward. Dallemore ford				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH Sea				
Terral OR DIVORCED (write the word)	acceptante 7 193 7				
5e. If married, widowed, or divorced	(Month) (Dey) (Year)				
HUSBAND of Cory WIFE of Clark C B. Plan	22.0   I HEREBY CERTIFY That I attended deceased from				
1875	July 19 10 to the 7 , 19 3 7				
6. DATE OF BIRTH (month, day, and year) May 8. 1873  7. AGE Years Months Devs If IESS than	I last saw h alive on				
164 A a allday hre	to have occurred on the date stated above, at				
64 3 20 ormin.	were as follows:				
8. Trede, profession, or perticular kind of work done, as SPINNER, Housewale SAWYER, BDDKKEPER, etc.	Cerebral Vumbage July 29				
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,					
work was done, as SILK MILL, SAW MILL, BANK, etc					
SAW MILL, BANK, etc					
year) occupation	Débas Cautalitates Cours et inscriber				
12. BIRTHPLACE (city or town) Balture	Dther Coutributory Causes of importance:				
(State or country)	artendelevorio difeon				
13. NAME Meeks	Hyperleusen				
14. BIRTHPLACE (city or town) where	Neme of operation Date of				
(State or country)	What test confirmed diagnosis? Wes there en autopsy?				
15. MAIDEN NAME (1	23. If death was due to external causes (VIOLENCE) fill in also the following:				
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19				
∑ (State or country)	Where did Injury occur?				
17. INFORMARDIUS ada. Baumgart	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.				
(Address) 2000 & Federal St Balk					
18. BURIAL, CREMATION, OR REMOVAL  Place to redough Park Data Sept 10 19.37	Manner of Injury				
Place to Whom Italy Date 1997 1957	Nature of Injury				
19. UNDERTAKER Harry H Witzke	24. Was disease or injury in any way related to occupation of deceased?				
(Address) 4/01 Sedmondson and	If so, specify				
20. FILED 9-7, 1937 XM mpm	(Signed) M, D,				
Registrar.	(Address)				
If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones (ED) ET	May 1,1923	Gastroenteritis	1 year
AND PRONAL SPACE E	OD FUDTH	ED CTATEMENTS DV DUVSICIAN	

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

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Exact statement

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9595
1. PLACE OF DEATH	
County ann annual	93-0) Registration Dist. No.
Village or City 1 well, hed	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
20	NA ALAN
2. FULL NAME Blanche Burnie Jo	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sept 20 193 37
5a Uf married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
4 1 15 16 2	July 20, 19 37 to July 20, 19 27
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than	I last saw h. See elive on
1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:  Octoofonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end	500 L
9. Industry or business in which work was done, as SILK MILL,	by an intertioner disease of garage
SAW MILL, BANK, etc.	The section of the se
10. Date deceased lest worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) annafestis, md	Other Contributory Causes of Importance:
(State or country)	
13. NAME Dradly Jones	
13. NAME Dradly Jones  14. BIRTHPLACE (city or town)	Name of operation
(State or country) Whappen	What test confirmed diagnosis? Was there an eulopsy?
15. MAIOEN NAME Slange Curey  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT CANCELLA CANCELLA (Address)	Specify whether injury occurred In INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date Date 1976 20, 19	Nature of injury
19. UNDERTAKER 15/3. Johnson	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Ampholis	If so, specify
20. FILED 9-21, 19 37 July	(Signed) Draily M. allam M. D.
Registrar.	(Address) Lower and

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1831			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No.  No.  (If death occurred in a hospital or institution, give its NAME instead of street and number)  where do no occurred yrs.  Mos.  (Usual place of abode)  (Usual place of abode)  (Usual place of abode)  TISTICAL PARTICULARS  (Usual place of abode)  TISTICAL PARTICULARS  (Moskn)  (Day)  (Date close  (Moskn)  (Moskn)  (Moskn)  (Date close  (Moskn)  (Moskn)  (Moskn)  (Day)
(If death occurred in a horpital or institution, give its NAME instead of street and number) where do th occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  (Usual place of abode)  TISTICAL PARTICULARS  (Usual place of abode)  TISTICAL PARTICULARS  (Usual place of abode)  TISTICAL PARTICULARS  (Morth)  (Day)  1 HEREBY CERTIFY That I attended deceased from the data stated above, at the principle of the ward of the ward of the ward of the principle of the ward of the principle of the ward of the principle of t
(Usual place of abode)  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  21. DATE OF DEATH  (Mogrin)  (Day)  (Day)  (Day)  (Pear)  1 last aw h
5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  21. DATE OF DEATH  (Morth) (Day)  22.  1 HEREBY CERTIFY That I attended deceased from the data stated above, at 193 death is stoted as a stated above, at 193 death is stated a
OR DIVORCED (write the word)  22.
22. I HEREBY CERTIFY That I attended deceased from 193. To 193
Days If LESS than 1 day, hrs. or min.  I last dw h alive on 1937, to 1937, death is significant on the data stated above, at 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of one
Days If LESS than to have occurred on the data stated above, at
The PRINCIPAL CAUSE OF DEATH and calated causas of Importance ware as follows:  Date of one
Clout Media
11. Total tima (yaars)
11. Total tima (yaars)
spant in this occupation
Dither Contributory Canses of Importance:
Operfeeter
Name of operation
23. If death was due to axternal causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicide? Date of Injury 19 Whara did injury occur?
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of Injury  24. Was disaase or Injury In any way related to occupation of deposad?
If so, specify
Selas Loca Registrar. (Adrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH

. S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	597
1. PLACE OF DEATH	(47)	2
County Unne Usundel	Registration Dist. No.	, 0
Village or City Was Hansons Corner	No. St.,	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and no death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution in the death occurred in the death occurr	
2. FULL NAME Edward Felial	1-11	u3.
	If C.S. Veteran, specify WAR	
(a) Residence: No. Man Mayson (Comme (Usual place of abode)	of nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapite the ford)	21. DATE OF DEATH Syst 26 (Mo(h) (Day)	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That Lettended d	
anneme ración	SUN 26, 1932, to Lop 126	, 1932
6. DATE OF BIRTH (month, day, and year) 16 - 1904.  7. AGE Years Months Days If LESS than		death is seid
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trede, profession, or particular	were as follows:	Date of onset
SAWYER, BODKKEEPER, etc. Purshapur Leliner	of upher tel & break	Adix
kind of work done, as SPINNER SAWSTAPUS CHINTUM SAWYER, BDDKKEEPER, etc. Plants April Chintum B. Industry or business in which work was done, as SILK MILL,	ή τορ του σορ του σου τ	26
SAW MILL, BANK, etc.	Sucede	1937
10. Date deceased last worked at this occupation mounts and year)  year)		
12. BIRTHPLACE (city or town) Practivody (State or country) Ange Ammall Co. Mar.	Other Contributory Causes of importance:	
The state of the s		
E Delli 14	Name of acception	
14. BIRTHPLACE (city or town) Sallimore, Mail	Name of operation Dete of Whet test confirmed diagnosis? Was there an au	12
15. MAIDEN NAME Janes Thames	23. If death was due to external couses (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State gs country)	Accident, suicide, or homicide? Duicide Date of injury Aug.	2619.37
17. INFORMANT MAY SANTA O. Lacy (Address) Seat Assant Bull !!	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place  OF THE PROPERTY OF THE SHAPE STATE OF THE	Manner of injury	
19. UNDERTAKEN FISCHI Drothers, Md.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Sept 27, 193 V. R. Claytor	(Signed) Christy Jasses (Address) Uhhar Mache	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### PHYSICIANS should state A.D. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

See instructions on back of certificate.

TION is very important.

TARGIN RESERVED FOR BINDING

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH	
County ann andel	(120)	7,0
	Registration Dist. No.	20
Village or City 12 water 2 mg	No. St., death occurred in a hospital or institution, give its NAME instead of street and t	Ward
	ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Thomas Samuel Ca	Marlor If U. S. Veteran, specify WAR	******
(a) Residence: No. / Suttal (My d) (Usual place of abode)	St., Ward.  If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH SUPA 13	193
5a If married widowed or divorced	(Month) (Day)	(Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Yrgring Elizabeth Callerto	22. I HEREBY CERTIFY, That I attended  1932 to Sept 2	dacaased from
6. DATE OF BIRTH (month, day, and year) March 3, 185/	1 last saw hearse aliva on Sipt 12 193)	; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 8-10. Am.	
80 6 1 U 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oata of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc.		
SAWYER, BDOKKEEPER, etc.	Charles A.	defit
Industry or business in which work was done, as SILK MILL,	youl Entertis	3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		1.4.8)
this occupation on them spent in this occupation occupation	Other Contributary Causes of Importence:	
12. BIRTHPLACE (city or town) Calvy & Ce		
(State or country)		
13. NAME / Wor as & annel Catterley		
14. BIRTHPLACE (city or town). Calvery Co	Name of oparation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME (Lucilly Mountle	23. If death was due to externel causes (VIOL ENCE) fill in also the following	g:
15. MAIDEN NAME (Succify Mount)  16. BIRTHPLACE (city or town) — Question (State or country)	Accident, suicide, or homicide? Date of injury	, 19
X (State or country)	Where did injury occur?	
17. INFORMANT Edward Callular (Address) Busines no	(Specify city or town, county and Stat Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
10 DUDIAL COPRATION OF DEMOVAL	Manner of Injury	
Place Off 14,193/	Neture of Injury	
19. UNDERTAKED TIVI Welch	24. Wes diseese or injury in any way related to occupation of dacaased?	
(Address) otricularity and	If so, specify	
20. FILED Sept /3, 19 37 Win Claylor	(Signed) Curry dy Harry	M. D.
Poly Mey Registrar.	(Addrass) upper made	- Bu

V. S. No. 1

B.—WRITE PLA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II	1	Example I		
pal cause of death and related causes nee were as follows:  liepsy  1 week ago	Date of onset	The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		
street car 1 week ago	1921	Chronic interstitial nephritis		
3 days ago	July 5,1927	Cerebral hemorrhage OCT @ 1937		
		BUREAU V. S.		
ributory causes of importance:		Other contributory causes of importance:		
tis 1 year	May 1,1923	Gallstones		
street car 1 wee 3 day	1921 July5,1927	Chronic interstitial nephritis Cerebral hemorrhage OCT & 1937  BUREAU V. S. Other contributory causes of importance:		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MADVI	AND-	CEPTI	FICAT	FF	OF	DE	TL
SIAIE	UF	MARIL	AND-	CERII	FICA		Ur	DEF	111

Ward number)		
d number) mosds.		
nd State		
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d deceased from		
19.07		
liest saw h_im_elive on_Septlst		
1		
Date of onset		
n autopsy?		
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tate)		
PLACE,		

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhane July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones Gastroenteritis May 1,1923 1 year

# LARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. B.

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
1. PLACE OF	DEATH		(94.6)		
	1.1	2.			

1. PLACE OF DEATH	94-6
County a . a.	Registration Dist. No.
Village or City annalytics (m/)	No. Hyder also St., Ward
	death occurred in a hopital or institution, give it NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
11- 40-	( 20
2. FULL NAME Harry I Warre	If U.S. Veteran specify WAR. Wall
(a) Residence: No. 14 yella (Usual place of abode)	St., Ward.  If nonresident are city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
married married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Jellian a Daniels	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Got 16 - 1891	I last saw h alive on 19 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
45 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Nove	Heart affacts.
9 Industry or business In which work was done, as SILK MILL,	acute Dilatetion
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end)  11. Totel time (years) spant in this	of Heart
this occupation (month end spent in this occupation control spent	Coronary Myombosis
12. BIRTHPLACE (city or town) Eastfoot med	Dther Contributory Caused of importance:
(State or country)	
13. NAME Henry Daniels	
13. NAME Herry Waniels 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Eastfort no	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fillian Lanken	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Tillian Lanker	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT Fellian a, Daniels,	Specify whether injury occurred in MDUSLAY, In HOME, or In PUBLIC PLACE.
(Address) Hy de St ame of the land of the	
Place Caldar Calal Date 111 28 193)	Menner of injury
D 4 2 1 2 1	Neture of Injury
19. UNDERTAKER V	24. Was disease or injury in any way related to occupation of deceased?
(Address) annafoll and	If so, specify
20. FILED Registrar.	(Signed) (Address) H. March M. M. W.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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19. UNDERTAKER

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DEATH

OF

OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County aa Village or City

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Langth of residence in city or town where deeth occurred 2. FULL NAME If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 3. SEX OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the data stated above, at. 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, « SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 11. Total time (years)
spent in this 10. Data decaased last worked at this occupation (month and occupation .... 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_ ..... Was thera an autopsy?..... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION Manner of injury

24. Was diseese or intury in any If so, specify

(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

S. No. 1

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To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Example II	
ipal cause of death and related causes bate of onset ance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
rosis 1915	Attack of epilepsy	1 week ago
terstitial nephritis	Run over by street car	1 week ago
morrhage July6,1927	Peritonitis	3 days ago
MUREAU		
tributory causes of importance:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
tributory causes of importance:		

1. PLACE OF DEATH	(183)
County a a County	Registration Dist. No.
Village or City Glesse Totald	No. St.,  If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME A Root & Worse	osds. How long In U.S. if of foreign birth?yrsmos  If U. S. Veteran, specify WAR
(a) Residence: No. 32 trackline & Sby (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (*** word)  Wale word)	21. DATE OF DEATH  (Month)  (Day)  (Your Control of the Control of
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended decease
6. DATE OF BIRTH (month, day, and year) Que & 1920	I last saw h I alive on head Sell S, 19 3 , daatl
7. AGE Years Months Days If LESS than I day,hrs ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacasad last worked at this occupation (month and	There was no boot insolved Cure to
10. Date dacaasad last workad at this occupation (month and yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Joyallevelle (State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
w Country of the coun	What Iest confirmed diagnosis? August Was Ihere an autopsy
15. MAIDEN NAME Aurie Statelinisms  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accident. Date of Injury
17. INFORMANT LE L'Autelinion	Where did Injury occur? (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT  (Address) 8/3 - Pheese St Styattenello  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER T. Sasches Jone	Nature of Injury 19 and way related to occupation of deceased? 20
20. FILED. 915 1.87 Aller Ste	If so, specify the Many of the Signed
Registrar.	(Addrass) Structure of the Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

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V. S. No. 1

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RD. Every item of infor-

	1. PLACE OF			F MAR	YLAND-	CERTIFICATE OF DEAT	н / 9603	
•			н Arundel	1			No. 212	
	Village or Ci	ity Jes		arylan	d()(	No. Md. House of Correct death occurred in a horpital or institution, give its NAME institution.  Lds. How long In U.S. if of foreign birth?	tionst., Ward	
	2. FULL NAI	ME.Ja	mes Dur	lcan		If U. S. Veteran, specify WAR	No	
	(a) Residence	ce: No\$	8 Calv	ert St,	Annapo	List, Ward.  Md . If nonresident give	city or town and State	
	PERSON	AL AND	STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE O		
	sex Male		or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH September 30th, 19 (Month)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of						(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from March 27th 1937, to September 301937		
6. DATE OF BIRTH (month, day, end year) Feb. 5, 1914  7. AGE 23 Years Months Days If LESS than 1 day,hrs. orhrs.			If LESS than	to have occurred on the date stated above, a 30 I  The PRINCIPAL CAUSE OF DEATH end related causes of were es follows:	-m.			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation Unk		Tubercular Peritonitis,	3-27-37					
12	. BIRTHPLACE (cit					Other Coutributory Causes of Importance:		
FATHER	(State or coun		Dunca			Tubercular Orchitis,		
(State of Country)				Name of operation Orchitectomy, What test confirmed diagnosts? Microscopi	Date of 8-18-37  CWas there an eulopsy? NO			
15. MAIDEN NAME May Buncan 9 Unk.  16. BIRTHPLACE (city or town) Unk.  (State or country)				23. If death was due to external causes (VIDLENCE) fill in a Accident, suicide, or homicide? Date Where did Injury occur?	of Injury, 19			
17. INFORMANT Grace Smith (Address) Jesseyes, M				J. V.	meth Jes, M	Specify whether injury occurred in INDUSTRY, in HDME,	n, county and State) or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL.  Place Comma policis Mac Date Och 3, 1937					4 3 1937	Manner of injury		
f9	9. UNDERTAKER Chas & Trefer					24. Was disease or injury in eny way related to occupation	of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ERREAD V. S. N				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A-A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	93:67
7.7	County Chine Chundel	Registration Dist. No. 2
tem of should	Village or City anaholis 2nd.	No Companie trout a 4 Word
0		death occurred in a horpital or invitation, give its NAME instead of street and number)
NS NS	Length of residence In city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
Eve	2. FULL NAME Marion + teleher tas	udlee If U. S. Veteran, specify WAR.
D. Every YSICIANS statement	(a) Residence: No. It Was a auto	St., Ward.
	(Usualplace of abode)	If nonresident give city or town and State
REC. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
TT L ed.	March Jourse Sugar	(Month) (Day) (Year)
BINDING PERMANEN E X A CT I y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 0 LIHEREBY CERTIFY That Latended decessed from
MAA A A S		Sept. 20 1, 19 37, 19 stept- 25, 19 37
SIN ERN E X	6. DATE OF BIRTH (month, day, end year) 24 wich 11 = 1933	Hagt saw have alive on Sept 1 25, 1937; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 200.m.
FOR IS A I stated properl	4 4 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
- 70	8 Trade profession or particular	Date of neet
HIS he pe of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Myocardeles (acute) 9/15/37
RVI C-T ould may back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		/ /
INI INI E sl at it	10. Date deceased last worked at this occupation (month and year) spart in this occupation occupation	
7 4 - 0	10.2010	Other Contributory Causes of importance:
IN	12. BIRTHPLACE (city or town) (State or country)	De la colta di ali las
UNFADI Supplied. n terms, so		mente enternes
		yane
	4. BIRTHPLACE (city or town).	Neme of operation
	15. MAIDEN NAME DONATE Nelson	
1.		23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
PLACTY, hould be can OF DEATH very import	O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
	South Fording	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) It Mayout Q. Q. Co 2nd.	Specify whether injury occurred in thousant, in nome, of in Public Peace.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place ST Www gants Date Dept 2 1937	Nature of Injury
-WRITE mation s CAUSE TION is	John my Nonly	24. Wes disease or injury In any wey releted to occupation of deceased?
TCB T	19. UNDERTAKER (Addiess) Chinabeli 24d.	If so, specify
S. No.	TO LONG BH DOGO	(Signed) J. Welles Martin M. O.
> Z	20. FILED 2 A, 19. 3	(Address) annafablis, Md.
	If more blank are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	9605
1. PLACE OF DEATH	2. 1.0	Pa	20
County // Conne	rmall	Registration Dist. No	
Village or City 12011	ndree	St.,	Wa
Langth of residance in city or town whe		If death occurred in a horpital or institution, give its NAME instead of street  Symmetry  ds. How long in U.S. if of foreign birth?yrs	
/-	- Flored All		
2. FULL NAME	- samana i vy	If U. S. Veteran, specify WAR	
(a) Residence. No	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Timber 5	193
5a. If married, widowed, or divorcad	Russia	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Child	Savall	22. I HERPBY CERTIFY, That latter	ided decaased from
6. DATE OF BIRTH (month, day, and year)	et 27-1864	I last saw have alive on august 3/ ,19.	32; daath is se
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3/3/2m.	
73 6	8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
8. Trade, profession, or particular kind of work done, es SPINNER	1275 100-0	3	1121001
SAWYER, BOOKKEEPER, atc.	unia coax	- uavema	193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	merchant.	P	100
10. Date deceased last worked at	11. Total tima (years) spent in this	Million or white	193.
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	mont on 1 1	Other Contributary Causes of importanca:	
(State or country)	Test Organa	augura Jectaus	193
13. NAME Saward	Algan		
14. BIRTHPLACE (city or town)	Exterd ) 1 1	Name of operation Data	of
(State of country)	/ Keland.	What test confirmed diagnosis? Was thera	an autopsy?
15. MAIDEN NAME TO SE	gates spates	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	estruly, Ind	Accident, suicida, or homicida? Data of Injury	, 19
(State of country)	116 /1101	Where did injury occur?(Specify city or town, county and	d State)
17. INFORMANT ( SUMMA) (Addyess) Mhu ma	signo Ma"	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	C PLACE.
18. BURIAL CREMATUN OR REMOVAL	50 ml. 110 8 14	Manner of injury	
Place Place I March 1. V.	Date 199	Nature of Injury	
19. UNDERTAKER Internet	Brox. Gal	24. Was disaase or injury In any way related to occupation of dacaased	no
(Addrass) Whiper In	arelogo, Man	If so, specify	· · · ·
20. FILED 45 7 , 1937	W.K. Claytor	(Signad) Company State &	M.
	Ach hor ho Registrar.	(Addrass) My That	0000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT TO 1301	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4.20
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	9606
County Cruye arundel Co.	Registration Dist. No.
Village or City Crownsille Wd	No. St., Ward
P. 1. (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William V New	If U. S. Veteran, specify WAR
(a) Residence: No. 5/6 Brun St. Balto.	St Ward.
Brune (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (Year)
5a. If married, widowed, or divorcad HUSBAND of	, the
(or) WIFE of Unification	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sen 22 19/2	I last saw Milica alive on September 9, 19 3 2; daath is said
7. AGE Years   Month Days   If LESS than	to have occurred on the data stated above, at 3 40 0 m.
25 Marse 17 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Venerge Taralyan of Micknown
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	the Queaunt
U 10. Data deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation occupation occupation	V
12. BIRTHPLACE (city or town) Mary Land	Other Contributory Causes of importance:
(State or country)	Varetic Science
13. NAME Unikeour	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Laboratory Was there an autopsy? No
15. MAIDEN NAME Florence	23. If daath was due to external causes (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Illary Land	Accident, suicide, or homicide? No Date of injury 19
∑ (State or country)	Whera did injury occur?
17. INFORMANT Hoastalf Record	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. John Cemeley Rut Date Sept 13 , 1937	Neture of injury
19. UNDERTAKER CLAD. D. Carper Gallo	24. Was disease or injury In any way related to occupation of deceased?
20. FILED S. L. J. J. J. J. Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
RECE	Visit		
Other contributory causes of importance SEP 14	1937	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	0 7, 5		
	1		1

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

,,			F MAR	YLAND-	CERTIFICATE OF DEATH 9607
	1. PLACE OF DEA	~ " CP			34
	County A	nne Arun	idel		Registration Dist. No. 21
	Village or CityC	rownsvil	le Stat	e Hospit	al No. St., Ward
				- ()!	death occurred in a hospital or institution, give its NAME instead of street and number)  6 ds. How long in U.S. If of foreign birth?
1	and the state of t	John R.		yis,	
	TOPE HAME			mant Do	If U. S. Veteran, specify WAR
	(a) Residence: No	DAT DU.	(Usual place		1tsimore, where land If nonresident give city or town and State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
-		R OR RACE	5. SINGLE, MAR OR DIVORCE MA I	RIED, WIDOWED, D (write the word) PIEC	21. DATE OF DEATH September 17th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Or WIFE OF Ella May Hall			y Hall		22. I HEREBY CERTIFY. That I attended deceased from July 11th 19 30, to Sept. 17th 1937
6.	DATE OF BIRTH (month, day	and year) 18	378		Hast saw h im alive on Sept. 17th 1937 death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5:30 Pm. M.
	59	Unkn	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ATION	8 Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER,	Labore		Psychosis with cerebral syphilis
CCUPAT	9. Industry or business in work was done, as S SAW MILL, BANK, o	which			
000	10. Date deceased last wor this occupation (more year)	ked et nth and ———	- sper	me (years) nt in this	
12	BIRTHPLACE (city or town) (State or country)	Mary	land		Other Contributory Causes of importance: Cardiac vascular lues
ER	13. NAME JOI	nn H. Ha	11		
FATH	14. BIRTHPLACE (city or to (State or country)	Mary	land		Name of operation
2	15. MAIDEN NAME	Mary Ma	galene	Harris	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Magalene Harris 16. BIRTHPLACE (city or town) Maryland (State or country)					23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville, Maryland				vland	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt Burum Date Syst 21, 1927					Manner of Injury
19	. UNDERTAKER (Address)	wo. E.	Kelsu	St	24. Was disease or injury in any way related to occupation of deceased?
20	FILED V	1937 8.7	, Joy	Registrar.	(Signed) Crownsville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di salah	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 960	8
1. PLACE OF DEATH County Anne arundel	Registration Dist. No. 2	

1. PLACE OF DEATH	46-8
County Anne arundel	Registration Dist. No. 24
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
91 100 11 8	
2. FULL NAME Saa May Harlage	
(a) Residence: No. Casifort (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O 0 4
Female White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Filhert F. Harlage	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 25-1883	i last saw h 12 alive on Sefet 8 , 1937; death is said
7. AGE Years Months Days tf LESS than 1 day. hrs.	to have occurred on the date stated above, at 4,30 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Here as solitons. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this content of the second last worked).  11. Total time (years)	19.3°
10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Ballo. Md. (State or country)	Other Contributory Causes of importance:  Maluntritian June
13. NAME James Q. Vearson	11 1 01 4
13. NAME James Q. Vearson  14. BIRTHPLACE (city or town) Mukuanu  (State or country)	Name of operation a planatary organological Date of 7 3/15 What test confirmed diagnosis? Chiracology Was there an autopsy? Many
15. MAIDEN NAME Laura Jane	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Jaura Joyce 16. BIRTHPLACE (city or town) Mullanam	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Charles Margan (Address) Ballo Ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Composite Miles	Manner of injury
19. UNDERTAKER John R. Kenny Ballo M	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9 9 , 19 3 ) Streeting Registrate	(Signed) F. Willia Marfin M. D.  (Address) Anna Adolia M. D.
	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		( B) (B) (B)		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis 95	1 year	
		\ A /		
		1.0/		

PHYSICIANS should state

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

Exact statement

-WRITE PLA

# STATE OF MARYLAND—CERTIFICATE OF DEATH

0	10	10	11
2.5	161	17	9
	6		47

1. PLACE OF	DEATH			34 (1)			
County	Anne Arun	del		Registration Dist. No.			
Village or City	Crownsv	ille St	ate Hosp	1 table. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residen	nce in city or town where o	death occurred	yrs, 3 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.			
2. FULL NAM	E Je	nnie Ha		ardy) If U. S. Veteran, specify WAR			
			toga Str	eetst, Baltwamore  If nonresident give city or town and State			
PERSONA	L AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH			
female 4	black	5. SINGLE, MAI OR DIVORCE	RIED, WIDOWED, D (write the word) TIEC	21. DATE OF DEATH Sept. 23rd ,193 7 (Month) (Day) (Year)			
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced Unknown			22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (mo	nth, day, and year) 1	.903		June 5th 1937, to Sept. 23rd 1937 I last saw h. er. alive on Sept. 23rd 1937; death is said			
7. AGE Years 34	Months Unkn	Deys	If LESS than I day,hrs. ormin.	to have occurred on the dete steted ebove, at 4:20 Pm. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:			
_   8. Trade, professio	n, or particular k done, es SPINNER, OKKEEPER, etc.		ework	Luetic convulsions Date of onset			
9. Industry or bus work wes do SAW MILL, I							
	ast worked at on (month end	spe	ime (years) nt in this				
12. BIRTHPLACE (city of Stete or country	r town)Maryl	and		Other Contributory Causes of importance: Cerebrospinal lues			
13. NAME	Charli	e Hardy					
14. BIRTHPLACE (ci	ity or town)N	laryland		Neme of operation			
15. MAIDEN NAME	Mar	y Jones		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE (ci	ty or town)	Maryla	nd	Accident, suicide, or homicide? Date of Injury, 19			
17. INFORMANT (Address)	Hospital F	ecords	vland	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION	aubur		28 ,1937	Manner of injury			
19. UNDERTAKER (Address)	Enge I'd	a. Gil	yn	24. Wes disease or injury in any way related to occupation of deceased?			
20. FILED . \$ 1	11.1937 2.	7, 10	Registrar.	(Silvery) Crownsville, Maryland M.D.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

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# mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE C	F DEATH
----------	------------------------	---------

1. PLACE O	aaca		Registration Dist. No.		
Village or	City	· Usle	NO.  f death occurred in a hospital or institution, give its NAME instead of sds. How Igng in U.S. if of foraign birth?yrs.		
2. FULL NA	A	& James Carrol	Clayer S. Veteran, specify WAR  Clay Zuckward.  If nonresident give city o		
PERSOI	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Month) (Day)	, 193	
5a. If marriad, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH	(month, dey, and year)	June 2, 1916	22. I HEREBY CERTIFY Thet  1 test sew h elive on Sept 5	j attended deceased fr	
	ars Months	Days if LESS than I day,hrs.	to have occurred on the date stated above, at 4.20-11m. The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:	tanca Date of on	
9. Industry or work w	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atc business in which as dona, as SILK MILL, LL, BANK, etc	Where Theater	There was one Lout moreled a growth	K.	
this occ year)		11. Totel tima (years) spant in this occupation	Other Centributery Causes of importance:		
(State or cou	Accorded to	para all Mayor S			
14. BIRTHPLAC	city or town)	Strattrule sud	Neme of operation	Date ofs thara an autopsy?	
(Stete of	E (city or town)r country)	nd Med utelyuor	23. if deeth wes due to external causas (VIOLENCE) fill in also the Accidant, suicida, or homicide? Accident Date of injudent Where did injury occur?  (Specify city or town, councider whether injury occurred in industry, in HOME, or in	ne following: ury, 19	
(Address) 18. BURIAL, CREM Plece	JON, OR REMOVAL Hallewille	Stoffall: mid	Manner of injury		
19. UNDERTAKER - (Address)	Byall	welle and	24. Wes diseese or injury in they way related to occupation of de	refasad? 1 34	
20, FILED 9	5 137	Resistrar.	(Signed) Les La Company (Addrass) Chicago Company	N	

N. B.-WRITE PLA

ARGIN RESERVED FOR BINDING

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 5 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

JRD. Every item of infor-

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE O		***			89	
	County	7.	nne Arun			Registration Dist. No.	
	Village or (	Citý:	Crownsvi	lle St	te Hospi	talno. St, f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of res	sidence in c	ity or town where d	eath occurred	yrs. 10 mos	ds. How long in U.S. If of foreign birth?	umber) sds.
2	. FULL NA	ME	James	Jeffer	son	If U. S. Veteran, specify WAR	
1	(a) Resider	nce: No	131 Ca	roline (Usual place	Street,	Baltimore ord Maryland If nonresident give city or town and	Siale
	PERSON	VAL AN	ID STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3, 8	male	bla	or or race ack		RRIED, WIOOWED, ED (write the word) SLE	21. DATE OF DEATH September 20th (Month) (Oay)	193
5 <b>a</b> .	If marriad, widow HUSBANO of	wed, or dive	orced			22. I HEREBY CERTIFY, That I attended d	Incomed from
	(or) WIFE of						
6. I	ATE OF BIRTH	(month, da	v. and vear)	1914		I last saw h aliva on19	
7. /		ars	Months	Oays	If LESS than	to have occurred on the date stated above, at ZA.M.m.	
	2:	3	Unkn	own	1 day,hrs.		
Note this occupation (month and this occupation				Labore		were as follows: Epilepsy	Oate of onset
noo	10. Oata deceas	LL, BANK,	etc rked at onth and	_ sps	tima (years) ent in this		
12.	BIRTHPLACE (c) (Stata or cou			ginia		Other Coutributory Causes of importance: Acute myocarditis cardiac dilatation in epileptic seizu	re
ER	13. NAME		Willi	am Jeff	erson		
FATHER	14. BIRTHPLAC (State o	E (city or to r country)	own)	Virgini	ia	Name of operation Date of What test confirmed diagnosis? Was there an au	utonsy? Yes
ER	15. MAIDEN NA	AME	Laur	a Cash		23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOTHER		E (city or to	wn)	irginia	<u>1</u>	Accident, sulcide, or homicide? Oate of Injury	, 19
	(Address) BURIAL, CREMA	Cı	ospital Cownsvil			Specify whether injury occurred in INDUSTRY, in MOME, or in PUBLIC PLA  Manner of Injury	Dey Coca
	UNOERTAKER S (Address)	9/6	zu D.f.	sels	cors	Natura of Injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed Many Many Many Many Many Many Many Many	g p
20.	PILED		19-	5	Registrar.	(Address) Churchall R A D	1/

If more blanks are needed add add Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLA

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#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

At

MAR

V. S. No. 1

1. PLACE OF DEATH	1.	(93)	h 1
County	/	Registration Dist. N	0.1
Village or City Alland		ND. death occurred in a hospital or institution, give its NAME instead	of street and number)
Length of residence in city of town where			
2. FULL NAME ANTAL	is the Jose	If U. S. Veteran, specify WAR	
(a) Residence: No.	Jury Add Co	St., Ward.	
	(Usual place of abode)	If nonresident give city	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	17 103 7
5a. If married, widowed, or d)vorced	massied	(Mostili) (D	ay) (Yéar)
HUSBAND of	1 Hans	22. I HEREBY CERTIFY, The	t attended deceased from
I'm /	Jovnan-	may 1 , 1936, to Mps	19 , 19.3
6. DATE OF BIRTH (month, day, and year	tus, 10,1872	I lest say h elive on	; death is said
7. AGE Years Months	Bays If LESS than 1 day,hrs.	to have occurred on the date stated above, at	7.NI.
69	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of imperer as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lomestic.	Heart Failwel	162 4
Andustry or business in which		Flant Tallore	1937
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
- The seemperson (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	A, Ca	artures classes	192
(State or country)	8 11		
13. NAME  14. BIRTHPLACE (city or town)	ellman	1-10-1	
14. BIRTHPLACE (city or town) (State or country)	4000	Name of operation	Dete of
15. MAIDEN NAME Ruche	Alem		Vas there an autopsy?
The second second	1 1 b	23. If death was due to external causes (VIOL ENCE) fill in also Accident, suicide, or homicide?	njury
16. BIRTHPLACE (city or town)	A. S.	Where did injury occur?	njusy, 13
17. INFORMANT John H.	Johnson	(Specify cit) or town, co Specify whether Injury occurred in INDUSTRY, in HDME, or i	ounty and State)
(Address) Drive	JP.O. AA.Ca		
18. BURIAL, CREMATION, DR REMOVAL	8 / 12 24	Manner of injury 1000	
Place My san Canal	Date	Nature of Injury	
19. UNDERTAKER	trans	24. Was disease or injury in any way related to occupation of	deceased?hD
(Address)	Stalyer 1.	If so, specify	A seed
20. FILED 19.3	/ Junjoh	(Signed) AMA ALLA	M. I
(	/ Registrar	(Address) Mal. Mal.	Wir wy M.G.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W 500	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PL.

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-WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DecUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF D	STATE	MARYL	TATE	AND-	CERTIFI	CATE	OF	DEAT
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9613

1. PLACE OF DEATH  County Anne Arunde	.1	4	3	95-E		9	./
Village or City Crownsvill		e Hospit	al No.		Registration	St.	Ward
Length of residence in city or town whara daa		(lf	death occurred	in a hospital or institu		E instead of street and yrsn	number)
2. FULL NAME Josi	lah Jol	ley		If U. S. Veteran,	specify WAR		
(a) Residence: No. East	New Mo	arket, D				land give city or town and	
PERSONAL AND STATISTIC						OF DEATH	
3. SEX 4. COLOR OR RACE 5 male black 5	SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE	of DEATH Sep	tember 2	end (Day)	., 193
5a. If marriad, widowed, or divorced HUSBAND of (0→ 44FE-4- Unknown			22. August	HEREBY 5 9th	CERTIF	Y. That I attended September	deceased from
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaers Months 60 (3) Unkn	1877 (' Days OWn	If LESS than 1 day,hrs.	to heva occur The PRINCII wara as folio	im alive on Strad on the data state	ept. 2nd ed ebove, at 6: IH and releted caus	1937 35 m.P.M.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Farme:		OBILLIC	a dement.			-
12. BfRTHPLACE (city or town) Maryla (State or country)	- occut	nation		butory Causes of Imp disease			
Til 13. NAME Unknown							
13. NAME Unknown  14. BIRTHPLACE (city or town) Mary (State or country)	land					Date of	
15. MAIDEN NAME Unknown						Il In elso the followin	
16. BIRTHPLACE (city or town)	nknown		Accident, sui			Date of Injury	
17. INFDRMANT Hospital Rec (Address) Crownsvill		vland			(Specify city or n INDUSTRY, In HD	town, county and Sta DME, or in PUBLIC P	ite) LACE.
18 BURIAL CREMATION, OR REMOVAL Place Place	Data 9/4.	- > ,10,	Mennar of In				
19. UNDERTAKER (Addiass) 20. FILED 19. 19. 20.	llou Joyca	ghfr the	24. Was disea If so, speekt	IFILI	vay related to occup	Maryla	nd Mo.

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Cerebral hemorrhage July	1927 Peritonitis 3 days ago
19 5 9	
Other contributory causes of importance	Other contributory causes of importance:
Gallstones May	,1923 Gastroenteritis 1 year
6/	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

state item of infor-OCCUPA-Exact statement certificate. properly See instructions on so that CAUSE OF DEATH in plain terms, be carefully very important. mation

FOR BINDING

ARGIN RESERVED

1	L PLACE OF	F DEAT	Н			
	County	Ann	e Aruno	del		
					tate Hosp	itan.
1				deeth occurred	(1)	death occurred in a hor
1	2. FULL NAI	ME	Albe	ert Jone	es #2	If U. S
	(a) Residen		747	tover, I	Waryland	St., Wa
-	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEC
3.	sex male	bla	ek or race	5. SINGLE, MAI OR DIVORCE Single	RRIED, WIDOWED, ED (write the word)	21. DATE OF
5e.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced			22. 1 HE April 7th
T				1919		
_	DATE OF BIRTH (				1 141500 11	I last saw h_im
1.	AGE Yea		Months Unk	Deys NOWN	If LESS than 1 day,hrs, ormin,	to have occurred on to The PRINCIPAL CAL were as follows:
NOI	Trede, profes kind of w SAWYER,	sion, or pa ork done, BOOKKEE	rticular as SPINNER, PER, etc	Labor	er	Mental de
OCCUPATION	9. Industry or	business in				
000	10. Date deceese		ked et ith and 22	11. Total	time (years) ent in this	
12.	BIRTHPLACE (cit (State or cour		W	est Vir	ginia	Other Contributory C Pulmonary
ER	13. NAME	Joh	n Jone	S		
FATHER	14. BIRTHPLACE (State or	(city or to		Momento	nd	Neme of operation
2	15. MAIDEN NA		Annie	(Unknow	n)	What test confirmed
MOTHER	16. BIRTHPLACE (Stete or	(city or to	wn) No	rth Car	olina	Accident, suicide, or
17.	INFORMANT	Hos		Records		Where did injury occ Specify whether injur
18.	(Address) BURIAL, CREMAT	LONE OF P	FOWNSV EMOVAL CELL	ille, M	gryland	Manner of injury Nature of injury
19.	. UNDERTAKER _ /	0	R. P. a	Juler	rde Sufof	24. Was disease or inj
20.	FILED IN	10	937	ξ,7	Joyc	(Signed)

St., Ward pital or institution, give its NAME instead of street and number) g in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. S. Veteran, specify WAR\_\_\_\_\_ If nonresident give city or town and State DICAL CERTIFICATE OF DEATH DEATH September 10th CERTIFY, That I attended deceased from 37 to Sept. 10 19 37 alive on Sept. 10th , 1937; death is said the date stated above, at 6:25P.M. ISE OF DEATH and related causes of importence eficiency tuberculosis diagnosis?\_\_\_\_\_ Wes there en autopsy?\_\_\_\_ external causes (VIOLENCE) fill In elso the following: (Specify city or town, county and State)
occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ury in any way related to occupation of deceased?

Registration Dist. No.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

1	L PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	0010
	County	1 50	Begistration Dist No.	21
	Village or City Amaf	oli Om	de the occurred in a horpital or institution, give in NAME instead of	St., Ward
	Length of residence In city or town where death		ds. How ong in U.S. if of foreign birth?yrs.	ds.
2	2. FULL NAME  (a) Residence; No. 480	ella for	If U. S. Veteran, specify WAR Ward.	LIMITE
a-tition.		(Usual place of abode)	If nonresident give city o	
-	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF D	EATH
2	Hem. Colded	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	9 , 193 Y
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of	fones_	22. I HEREBY CERTIFY That	attended deceased Iron
6. 1	DATE OF BIRTH (month, day, and year)	as, 4 1901	I last saw h. M. alive on Left 27	., 193.7.; deeth is sai
7. /	AGE Years Months	Days II LESS than 1 day,hrs.	to have occurred on the date stated above, at	M.
-	36 6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of grass
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	/	helglung alletter	Soa
PATION	SAWYER, BDDKKEEPER, etc	risal	(Utesulus)	age
$\supset$	work was done, as SILK MILL, SAW MILL, BANK, etc.	refe		
220	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
12	BIRTHPLACE (city or town)	aholis	Dthef? Contributory Courses of Importance:	2 24
14.	(State or country)	16	The state of the s	ugs
ER	13. NAME William L	Trasheus	0	
FATH	14. BIRTHPLACE (city or town) (State or country)	apoline	Name of operation that watery + free way  What lest confirmed diagnosis: - it Sacta' Wa	Dete of left M
ER	15. MAIOEN NAME TO CANCE S	Dimphins	23. If death was due to external causes (VIDLENCE) fill in elso ti	
OTHER	16. BIRTHPLACE (city or town)	an	Accident, sulcide, or homicide? Date of inj	
Σ	(State or country)	apolis -	Where did injury occur?	
	INFORMANT Carnest	toner	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place DIMENSION DE LA LICENSION	alt 281927	Manner of injury	A
19.	. UNDERTAKER (Address)	mobile	24. Wes disease or injury in any way related to occupation of de	ceased? Wo
	FILED 428 1937 4	AMin 27	(Signed) (Signed)	ester M.

V. S. No. 1

D. Every item of infor-

should state

properly classified. Exact statement of OCCUPA-

stated EXACTLY. PHYSICIANS

UNFADING INK-THIS IS A PERMANENT REC

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

LY, WITH

-WRITE

B.

MARGIN RESERVED FOR BINDING

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

OF DEATH	(127)
ti. la lo.	Registration Dist, No. 2
City Cinnopols	No. Come of Land Ward death occurred in a hospital or institution, give its NAME instead of street and number
esidence in city or town where death occurredyrsmos.	ds, How long in V.S. if of foreign birth?mosds.
AME luchief fam	Leuf If U.S. Veteran epecify WAR.
ence: No. 23 (Usual place of abode)	St., Ward.
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 23  (Month) (fear)
latharenis function	1 HEREBY CERTIFY. That Lattended deceased from
H (month, day, and year)	) last saw there alive on Alftender 23., 193.; death is said
ears Months Days   1 LESS than 1 day,	to have occurred on the date stated above, et. 1.1-312m.
7 - d ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
regision, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	(Cause Turhum) (43)
r business in which was done, as SILK MILL, MILL, BAIK, etc	
ased last worked et cupation (month end spent in this occupation control occupation contr	
(city or town)	Other Contributory Causes of Importance:
ountry) / //aryganop	Cholobachito + Chileverstites que so
perdup famons.	Choledochitis choleocystitis 14,7
CE (city or town)	Name of operation
NAME Property	What test confirmed diagnosis? Character Was there en autopsy? Act.  23. If death was due to external causes (VIOLENCE) fill in also the following:
CE (city or town)	Accident, suicide, or homicide?
or country) (Many same?	Where did injury occur?
203 The freezement	(Specify city of town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ATION, OR REMOVAL	Malpher of Injury
wonden. d. habate Coff. 2. 719 J.	Neture of injury
Chap C. Hell X.	24. Was disease or injury in any way related to occupation of deceased?
Cenn & other had	If so, specify
-25,19.3 / X//Within	(Signed) (Stude Min ) (Address)

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

20. FILED ...

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1831			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	46-8 610
County a q	Registration Dist No.
Village or City annapoles me	No. Comergence Hookilal St. Ward
	(If death occurred in a hopital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsm	los. / Lands. How long in U.S.4f of foreign birth?yrsmosds.
2. FULL NAME I da V. Zeitch	THIN CORPORATE
(a) Residence: No. Washington 10. C.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sept. 26 1937
1 120	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. OMEREBY CERTIFY The Wattended deceased from
(or) WIFE of	Sept 10 197 10 stept 26 197
6. DATE OF BIRTH (month, day, and year) March 21-1863	I last saw her alive on Sept. /26, 1937; death is said
7. AGE Years Months Days If LESS than	te have occurred on the date states above, at \$150 7. m.
1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
94   6   0   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	7 27 4
SAWYER, BOOKKEEPER, etc	Caramary Mambasia /26/3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Q Q Q CO Q MQ.	Other Contributory Canses of Importance:
(State or country)	Caremana Manalle Mekna
13. NAME Flance to Taitel	
Ŧ / ·	fact of the training of the
14. BIRTHPLACE (city or town)	Name of operation with the Market of
(State of country) Concertto (A	What test confirmed diagnosis? Classifical Was there an autopsy? 40
15. MAIDEN NAME Sarah ward	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah ward  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
E (State or country) a a Cs only	Where did injury occur?
17. INFORMANT Harry In Leilel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address)/54 frame Ses At and oforles one.	
18. BURIAL, CREMATION, OR REMOVAL	7 Manner of injury
Place Triendship a 4 & my Date Sept die 19	Nature of Injury
10 HADEDTAVED B. L. HOP forma.	
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address) Charapolite	If so, specify I William Marster
20. FILED 28 30 h , 19 3	(Signed) - MANA MANA M. D. (Address) Assaraborio M. D.
If more blanks are needed, address State Reviste.	ar, 2411 N. Charles Street, Baltimore, Requesting S. S. No. 1.
	A - Land Comment of the state of the Co. T. C.

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Other contributers of in-				
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pupital Via				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# IARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state orD. Every item of infor-Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully upplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3013
1. PLACE OF DEATH	(In)
County Chrise Claude	Registration Dist. No. 20
Village or City 1320 Last, P. A.	
Langth of rasidanca in city or town whare daath occurredyrs,mos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Ulfarretta M	Cinquest U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The first of the state of t	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBAND of (or) WIFE of Juny Many Many	22. I HEREBY CERTIFY, That I attended deceased from  All grandle, 1937, to Stal 21, 1937
5. DATE OF BIRTY (month, day, and year)	I last saw h fra aliva on aliva of 9, 1937; daath is sald
7. AGE Yaars Months Pays If LESS than 1 day,hrs.	to have occurred on the date stated above/at/
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Sty besilve Charles
9. Industry or business in which work was dona, as SILK MILL, Own SAW MILL, BANK, etc.	
10. Oate dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Alta would the state of the fill of	Other Contributory Courses of Importance:
13. NAME I leteler Friend	
14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation Data of Was there an autopsy?
15. MAIOEN NAME Prudencel Friend	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).  (State or country)	Accidant, suicide, or homicida?
17. INFORMANT State Light	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALETICE Oate Off 2737	Manner of injury
19. UNDERTAKER Mauriles (Addrass) Washington N.C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Sept 21, 1937 It Placetor Dep the Registrar.	(Signed)

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Example I			Example II		
The principal cause of dea of importance were as foll Arteriosclerosis	th and related causes  ws: ECEIVE		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	001 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DE 1931	July 5, 1927	Peritonitis	3 days ago	
	BUPEAU V.	S			
Other contributory causes	of importance:	,	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

e - 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9620
UPA.	1. PLACE OF DEATH	10%-0
0000	County Q. Q. Co.	Registration Dist. No. 📐
of OCC	Village or City annapoles	No. 11/2 College Que . St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
~ V	Length of residence in city of town where death occurredyrs3mos.	17. ds. How long in U.S. If of foraign birth? yrs. 3 mos. 17. ds.
statement	2. FULL NAME Gloria matthew	If U. S. Veteran, specify. WAR
tate	(a) Residence: No. VI/2 College ave.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
classified.	Sa. It married, widowed, or divorced	(Month) (Day) (Yaar)
	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet i attanded dacaasad from
	6 DATE OF RIPTH (month day and year) may 19, 19 37	
ate	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months Days If LESS than	to have occurred on the date statad above, atm.
certificat	3 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
cer	8. Trade, profession, or particular	Wera as rollows:
of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Branchise Preumania
back	9, Industry or business In which work was done, as SILK MILL,	9/6
q uo	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and	(8:30
- H	O this occupetion (month and spent in this occupation	Q.m
	On molis	Other Contributory Couses of Importance:
	12. BIRTHPLACE (city or town) Q - Q . Co Yal.	
	W 13. NAME Eustage mathews	
	13. NAME Eustace mathews  14. BIRTHPLACE (city or town) West River  (State or country)	Name of operation Date of
	(State of Country) Q., Ce. Co., See-	What test confirmed diagnosis? Was there an eutopsy?
	15. MAIDEN NAME marguella Loigge 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	6 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicida?
n bo	E (Stete or country)	Whara did injury occur? (Specify city or lown, county and State)
	17. INFORMANT Eustra mathews (Addrass) ///2 College ane.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR REMOVAL .	Mennar of injury
13	Place Brewer's Isel Date 9/10, 1937	Natura of injury
MOLI	19. UNDERTAKER Clas & Iticho, Jr. (Addrass) Una apolis, Sud.	24. Wes disease or injury In any way related to occupation of deceased?
7	20, FILED 19 19 37 A SAN AS	(Signad) acting ocenery M. Dr.
)!	Registrar.	(Addrass) anafolis ma
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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M	tem of	plnods
4	-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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N. B.-WRITE PLA

V. S. No. 1

6. DATE OF BIRTH (month, day, and year) July /9 /92/  7. AGE Years Months Days If LESS than I day,		-CERTIFICATE OF DEATH 962
Village or City A gare  Langth of residence in city or town where deeth occurred 7 yrs 7 mes. 8 ds. How long in U. S. Hot foreign birth? yrs mes.  2. FULL NAME  (a) Residence: No. Prist. Host or Charles of the city of the		(20)
Length of residence in city of town where death occurred. T. yrsmos	County Anne Arundel	Registration Dist. No. 22
Langth of residence in city of town where deeth occurred. T. yrsmos	Village or City Laure	No. DISTRICT Training School St., Wa
(a) Residence: No. 1751. Harmy School (Quarplece of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR DIVORCED Consist the world)  21. DATE OF DEATH  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR DIVORCED Consist the world)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  11 LESS than 11 day	Length of residence in city or town where deeth occurred	s8ds. How long in U.S. If of foreign birth?yrsmos
(a) Residence: No. Prof. The interest of shoots of Champles of shoots of Champles of shoots of Champles of shoots of Champles of State of Champles of State of Champles of State of Champles of Champl	2. FULL NAME Laura McBride	If U. S. Veteran. specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED. Curpic the word)  Sept. If married, widowed, or divorced HUSBAND or divorced HUS		and the same of th
3. SEX  2. LOLOR OR RACE  1. While  3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  3. SEX  4. COLOR OR RACE  1. While  3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  3. SEX  4. COLOR OR RACE  1. While  3. SEX  4. COLOR OR RACE  1. While  3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  4. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  4. SEX  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  4. SEX  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  5. SINGLE (widowad, or divorced  4. While  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. While  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wight the word)  4. SEX  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wight the word)  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wight the word)  5. LI MER EBY CERTIFY. That I eltanded decessed with the stated above, at . A. S. Q  11 ists saw h.l.  11 sive on Lapet (asset to have occurred on the date stated above, at . A. S. Q  11 ists saw h.l.  11 sive on Lapet (asset)  11 ists saw h.l.  11 sive on Lapet (asset)  12 sive on Lapet (asset)  13 sive on Lapet (asset)  14 sive on Lapet (asset)  15 sive of ERTIFY. That I eltanded decessed to have occurred on the date stated above, at . A. S. Q  18 sive of price on the date stated above, at . A. S. Q  19 sive on Lapet (asset)  10 sive on Lapet (asset)  11 six saw h.l.  11 six saw h.l.  11 six saw h.l.  12 sive on Lapet (asset)  13 sive of ERTIFY. That I eltanded decessed to have occurred on the date stated above, at . A. S. Q  10 sive of ERTIFY. That I eltanded decessed to have occurred on the date stated above, at . A. S. Q  11 six saw h.l.  12 sive of ERTIFY. That I eltande	Wash . 40 . (Usual place of abode)	If nonresident give city or town and State
Densele White OR DIVORCED (wight the word)  50. If married, widowed, or divorced HUSBAND of (9) Wife o		MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) July 19 192/  7. AGE Years Months Deys If LESS than I day, hrs. of 1 min.  8. Trade, profession, or perticular kind of work done, as SPINNER, Justitution Jumale SAWYER, BONKEPER, etc.  9. Industry or business in which SAW MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation month and year) spent in this occupation work as one as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation Corupation (State or country)  12. BIRTHPLACE (city or town) Mashington Name of operation.  13. NAME Milliam McRudl Name of operation.  14. BIRTHPLACE (city or town) Mashington Name of operation.  15. MAIDEN NAME May E Conway  16. BIRTHPLACE (city or town) Mashington Name of operation.  17. INFORMANT Mastitution Records (Address) Buents live 493 N ST S.W. Mash., SC  18. BURNAL GREMATION, PR REMOVAL  Place Master Survey Nature of injury.  Nature of injury.  Manner of injury.	Demale White OR DIVORCED (wing the word)	September 29 1937
6. DATE OF BIRTH (month, day, and year) July /9 /92/  7. AGE Years Months Deys If LESS than I dey. hts. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, Sustitution Jamale SAWER, BOKKEPER, etc. Sustitution Jamale SAWER, etc. Sustituti	HUSBAND of	
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8. Trade, profession, or perticular kind of work done, as SPINNER, Sustitution Sumate  9. Industry or business in which work was done, es SPINNER, Sustitution Sumate  10. Date deceased lest worked et this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BIRTHPLACE (city or town)  19. Date of country)  19. Date of country  19. Date of operation.  19. What test confirmed diagnosis? Claused Was there en autopsy?  21. Informant  19. Date of injury  22. If death was due to external causes (VIOLENCE) fill in elso the following:  23. If death was due to external causes (VIOLENCE) fill in elso the following:  24. Accident, sulcide, or homicide?  25. Decity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  26. Manner of Injury  Namer of Injury  Nature of injury		
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12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	8 Trade profession or perticular	Enteritis non-specific Ger 2
Other Contributory Causes of Importence:  12. BIRTHPLACE (city or town) Mashington (State or country)  13. NAME Milliam McBridl  14. BIRTHPLACE (city or town) Mashington (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Devilable following: (State or country)  17. INFORMANT Significant McCords (Address) Prents live 493 N ST S.W. Mash., Sc.  18. BURIAL, GREMATION, PR REMOVAL Place  19. Other Contributory Causes of Importence:  Borgental malforined kelsneys  Whental Depictures  What test confirmed diagnosis?  What test confirmed diagnosis?  Climical Was there en autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury	9. Industry or business in which	
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(State or country)  13. NAME    13. NAME   14. BIRTHPLACE (city or town)   Mashington   Manual State or country)  15. MAIDEN NAME   16. BIRTHPLACE (city or town)   Chiladelphia   Manual State or country)  16. BIRTHPLACE (city or town)   Chiladelphia   Accident, sulcide, or homicide?   Date of Injury   19   19   19   19   19   19   19   1		Other Contributory Causes of Importence:
13. NAME William McKhill  14. BIRTHPLACE (city or town) Mashington (State or country)  15. MAIDEN NAME May E. Conway (Stete or country)  16. BIRTHPLACE (city or town) Chiladelphia (Stete or country)  17. INFORMANT Justitution Records (Address) Buents live 493 NST S.W. Mash., BC.  18. BURIAL, GREMATION, BR REMOVAL Place Address Rate 9 / 29 , 19.37  Name of operation More Date of What test confirmed diagnosts? Climical was there en autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Name of operation More Date of  What test confirmed diagnosts? Climical was there en autopsy?  Accident, sulcide, or homicide? Date of injury  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  Nature of injury	12. BIRTHPLACE (city or town) Washing Can	Conquital malformed Redneys but
14. BIRTHPLACE (city or town) Pashington  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Pashington  17. INFORMANT Sistetitition Records  (Address) Buents live 493 N St S.W. Mach., BC.  18. BURIAL, GREMATION, BR REMOVAL  Place  19. Mashington  Name of operation.  What test confirmed diagnosis? Clemes Was there en autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury	al 21'00 - 2	- Mental Deficiency
14. BIRTHPLACE (city or town) Maskington  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Chiladelphia  (Stete or country)  17. INFORMANT  (Address) Buents live 493 N St S.W. Mash., BC.  18. BURIAL, GREMATION, PR REMOVAL  Place  19. A sture of injury  Name of operation.  What test confirmed diagnosis? Climical Was there en autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Date of injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury	I IS. NAIME // CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	
What test confirmed diagnosis? Was there en autopsy?  15. MAIDEN NAME Mary E. Conway  16. BIRTHPLACE (city or town). Dhiladelphila  (Stete or country)  Where did Injury occur?  (Address) Counts fill in also the following:  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of injury	14. BIRTHPLACE (city or town) Washington	
17. INFORMANT Substitution Records (Address) Brents live 493 N St S.W. Mach., Sc.  18. BURIAL, GREMATION, PR REMOVAL Place Description Records (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury Nature of Injury Nature of Injury	(State of Country)	What test confirmed diagnosis? Was there en autopsy?
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17. INFORMANT Substitution Records (Address) Brents live 493 N St S.W. Mach., Sc.  18. BURIAL, GREMATION, PR REMOVAL Place Description Records (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury Nature of Injury Nature of Injury	16. BIRTHPLACE (city or town) Ohladelphila	Accident, sulcide, or homicide?, 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Counts live 493 N St S.W. Wash., BC.  18. BURIAL, CREMATION, PR REMOVAL  Place Open Agree 9/29, 19.37.  Nature of injury  Nature of injury	(State of County)	(Specify city or town, county and State)
18. BURIAL, GREMATION, OR REMOVAL Place Place 9/29, 1937 Nature of injury.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Washington Qate 9/29 1937 Nature of injury	(1100)	Manner of Jajuru
No.		
(Address) 436 - 7 Clark Washington of the Color of the Co	19. UNDERTAKER Janoball John (Address) 436-74 July Wash 1	24. Was disease or injury In any way related to occupation of deceased? 24.
20. FILEDSEP 29, 1937 Dara & Roasliek (Signed) Dulegander Jehr	20. FILEDSept 29 , 1937 Wara M. Haslieh	(Signed) Dulegander

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis-	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.	7		ä	
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

1. PLACE OF DEATH	1 -	TR LIMITED (222)	
County Cardell St. D	nty will conte	Registration Dist. No.	
Village or City & Multiplication		MANAA- ST	Ward
J. J.	(1)	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residenca in city or to we where death		ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Ma. Phil	ip Morela	na.	
(a) Residence: No.	(Usual place of abode)	St., Ward. RAPO	
PERSONAL AND STATISTICA		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (wrise the word)	September 15	. 193
5a. If married, widowed, or divorcad	monday.	(Month) (Day)	(Year)'
HUSBAND of (or) WIFE of	localand	22. I HEREBY CERTIFY, That I attanded	deceasad from
6. DATE OF BIRTH (month, day, and year)	4-4-1863	1 1 1 1 1 1 1 1	; death is sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
14 aug	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1216
8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc.	710.411		Date of onset
SAWYER, BOOKKEEPER, atc.	vrmuV	Droncheal Valumus	Sept. 14
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  O. Data deceased last worked at this occupation (month and yaar)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Smithon	ll Md.	Other Contributory Causes of importance:	COM 10
(Stata or country)	A		
14. BIRTHPLACE (city or town)	A		
I4. BIRTHPLACE (city or town)		Name of operation Neuro Thrang Data of	Sept 14
(State of country)	/	What test confirmed diagnosis? Was there an	autopsy?_>4
15. MAIDEN NAME SUM SL	all-	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME Sally Sl	A Goo Part	Accident, suicide, or homicide? Data of Injury	, 19
(Stata or country)	and the second	Where did injury occur?(Specify city or town, county and State	te)
17. INFORMANT / SMUN GING	relaux	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
(Address) Shundama	111	Manage of Indiana	
APH Main	ata Sylt 18,193)	Manner of injury	
19. UNDERTAKER J. G. Sage	distif by	24. Was diseasa or injury in any way related to occupation of decaased?	20
(Address) Stallerell	Mac	If so, specify  (Signed)  (Signed)	3
20. FILED 7- 1.5., 19-3	Musikegistigi.	(Address) Chapto Can	M. D.
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
0CT 2 1991			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Anna Gundel	Registration Dist. No.
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  is. ds. How long in U.S. if of foreign birth?
2. FULL NAME Many Elizabeth Parker	
(a) Residence: No. Nannowa (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sept (Month) (Day) , 193 (Jear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of H. Nagen Parker	22. I HEREBY CERTIFY, That I attended deceased from ,19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs  ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Jun shot wounds
12. BIRTHPLACE (city or town) (State or country)  24. 13. NAME Casela la Casella	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) - Harwood (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Elizable Creek  16. BIRTHPLACE (city or town)   farwood  (State or country)  Touch Creek  17. INFORMANT Hawwood Thaufland  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Q Lessur Chapsel Date Sept 11, 1927	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Intucles
19. UNOERTAKER TA Harberty & Son (Address) Salesville, Ma 20. FILEO Sept 16, 1937 W. R. Claytor Deptout Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Lose of OHTI crulu  (Address) Octiving Lowering Edgewalk Ing.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
EUSCAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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te .	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9624
state UPA-	1. PLACE OF DEATH	983
OCC	County (144) & Also cole	Registration Dist. No.
-	Village or City & Left & O.O.	No. St Ward
0 /	S. (III	death occurred in a hospital or institution, give its NAME instead of street and number)
ent	01: 11-	ds. How long in U.S. if of foreign birth?yrsmosds.
YSICIANS	2. FULL NAME Villiam M. Tu	If U. S. Veteran, specify WAR
YS	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PHYSICIANS xact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male It hile Manheed (write the word)	(Month) (Day) (Year)
Led	5a. If married, widowed, or divorced HUSBAND of	
ACTI assified.	(or) White of an one of the ship	22.   HEREBY CERTIFY, That I attended deceased from
× T	a pure of a provide the same of the same o	last saw h alive on 19 death is said
stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to heve occurred on the date stated above, atm_
stated properl ertifica	72 4 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
	Trede, profession, or perticular	were as follows:
be of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Merosorbilo
may back	S. Industry or Dusiness in which	Chronell -
	work was done, es SILK MILL, SAW MILL, BANK, etc	
F + 0	this occupation (month and spent in this occupation	
oplied. AGE erms, so that instructions of	10 1 10	Other Contributory Causes of importance:
d. so ucti	12. BIRTHPLACE (city or town) (Stete or country)	-
illy supplied plain terms, See instru	13. NAME I Shi and M Phills	
suppl n terr ee ins	I	Name of operation Dete of
y sul ain t	[State or country]	What test confirmed diegnosis? Was there an autopsy?
carefully [H in pla ortant.	15. MAIDEN NAME Musy asquely	33. If death was due to externel causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	0 16. BIRTHPLACE (city or town) Place (City or town)	Accident, suicide, or homicide? Dete of injury, 19
ATH	S (State or country)	Where did Injury occur?
ld be DEA y imp	17. INFORMANT TO A THE TENTON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
should OF D	(Address)	
G .=	18. BURIAL, CREMATIDN, OR REMOVAL Place Mt Harmony Date Syst 17, 1937	Manner of Injury
CAUSI TION	Place M.T. Harmony Date Sept 17, 1931	Neture of Injury
CA TIC	19. UNDERTAKER T. f) Hardisty & San	24. Was disease or injury In any way related to occupation of deceased?
-	1.150-00 0010.	(Signed) Wort S. Mank act. Course D
(1)	20. FILED Registrar.	(Address) es alivelle, G. G. M.S.
100	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BA	PHYSICIAN

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U. S. If of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH 5a. If married, widowed, or/divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc., . Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER FAT 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? Was there an au'opsy?.. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT \_ (Address) Manner of injury Nature of injury\_\_\_\_\_ 24. Was disease or injury in any way related to occupation of deceased?... 19. UNDERTAKE

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Jeques

V. S. No. 1

carefully

in

DEATH

OF

CAUSE

LION

(Address)

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H	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	L.		
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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CRD. Every item of infor-

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

B.—WRITE PLA

## STATE OF MARYLAND-CERTIFICATE OF DEATH

L,	. PLACE OF	F DEAT	TH C	I MAIN	ILAND	CERTIFICATE OF BEATH	
	County A	nne	Arundel	1		Registration Dist. No. 22	
	Village or Ci	ity Je		Marylan	(If	No.Md. House of Correctionst.,  I death occurred in a hospital or institution, give its NAME instead of street and not also ds. How long in U.S. If of foreign birth?  yrs. most	imber)
	FULL NAI			Rose		If U. S. Veteran, specify WAR NO.	
	(a) Kesideni	ce: No1	No Home	(Usual place	of abode)	St., Ward.  If nonresident give city or town and S	State
SALAL.	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male		n or race hite	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 23rd, (Month) (Day)	193. 7 (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That Lattended d Sept. 23rd 19 37to Sept. 23rd	eceased from	
6.	DATE OF BIRTH	month, day	, and year) No	vember	2, 1871	I last saw h, 19,	death is said
7	AGE Yaa	rs	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10	
	65		10	23	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsst
OCCUPATION	SAWYER,	ork done, BODKKEE	as SPINNER, PER, etc	Unk		Angina Pectoris	9-23-3
CUPA	SAW MIL	done, as S L, BANK, e	ILK MILL,	Unk.			
00	10. Data decease this occupyaar)	nation (mor	ked at ith and Unk .	11. Total t	ima (yaars) nt in thisUnk • upation		
12.	BIRTHPLACE (cit		Balt	imore,	Maryland	Other Centributory Causes of Importanca:  Senile. Hardening of arteries	
2	13. NAME		eorge F	Rose (d	lec.)	denile. Mardening of arteries	
FATHER	14, BIRTHPLACE (State or	(city or to	TImi	cnown		Name of operation	No
2			aanhina	- Paga /	TTml: \	What test confirmed diagnosis? Sudden. deathwas there an au	
15. MAIDEN NAME Josephine Rose (Unk,) 16. BIRTHPLACE (city or town)					Accident, suicide, or homicide? Date of Injury		
17. INFDRMANT  (Address)  (Address)			Smil	had.	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA MHC Jessups, Maryland	CE.	
18. BURIAL, CREMATION OR REMOVAL  Place hery Hell Data Sept 27, 1937			Data Sef	127,1937	Manner of injury		
19. UNDERTAKER ON Lealling (Address) Jeasub - mil			aller	9	24. Was disease or injury in any way related to occupation of deceased?	0	
20.	FILESCOP	27	37 Cola	uam H	pasteelj. Refistrar.	(Signed)(	M. D.

V. S. No. 1

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	Example I		Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	GECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ACT A 1937		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
2					

V. S. No. 1

	£	e	3	
	E. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
)	item o	shoul	of OC	1
	Svery	IANS	ment	
4	RD. 1	HYSIC	state	
	REC	7. PI	Exact	
5	NENT	TIL	fied.	
INDI	RMA	XAC	classi	4
JK B	A PE	ited E	operly	tificate
U F	SI SII	be sta	be pro	of cer
IKVE F	X-TF	plnou	may	back
KEN	NI 5	GE s	that it	no su
CIP	'ADIN	ed. A	18, 80	tructio
IAK	UNF	suppli	n term	ee inst
	WITH	fully	n plai	nt. S
	ILY,	e care	АТН і	nporta
	PLA	ould b	F DE	ery ir
LARGIN KESERVED FOR BINDING	RITE	ion sh	USEO	TION is very important. See instructions on back of certificate.
No. 1	3.—W1	mat	CAI	TIO
ń	I de	1	1	

	at	S	TATE O	F MAR	YI AND-	CERTIFICATE OF DEATH	9627
1	1. PLACE OI			I MINI	ILAND		
			Arundel	1 1		Registration Dist. No. 22	
					~ d	Ma Mid House of Corrections	J
	Alliage of C	ityel	esaupa.,	Taryra	na (II	No. Md. House of Correctionst.,  f death occurred in a hospital or institution, give its NAME instead of street and n	Ward umber)
						s6ds. How long In U.S. if of foreign birth?yrsmo	
2	. FULL NA	ME_TO	dwardSe	oales		If U. S. Veteran, specify WAR No.	**********
	(a) Residen	nce: No	2116 Ail	kën St.	, Balto.,		h
	PERSON	IAL AN	DSTATISTI	(Usual place		If nonresident give city or town and	State
3 :	SEX		R OR RACE		RRIED. WIOOWED.	21. DATE OF DEATH	
۵				OR DIVORCE	D (write the word)	September 20+h	1937
50	Male. If married, widow	7	hite	I Sing	1e	(Month) (Dey)	(Year)
Ja.	HUSBANO of (or) WIFE of	/eu, or unto	rceu			22. I HEREBY CERTIFY, That I ettended of	leceesed from
-	(0)		12			Sept. 27th 1937, to Sept 29th 11ast saw him elive on September 29 1937	, 195.7.
6. [	DATE OF BIRTH	(month, dey	y, end year) No	vember	2. 1898		; death is said
	AGE Yee		Months	Deys	If LESS then	to heve occurred on the dete steted above, et _9: Q5R . M .	Y 15/3
	38		8	29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:	Date of onset
Z	Trede, profes	ssion, or pe	articuler as SPINNER	Tabanan			
TIO	SAWYER,		1 Lity 010	Laborer			9-27-37
UPA	work was	as done, es S LL, BANK, e	SILK MILL. 1	Unknown		following lacerations.	
OCCUPATION	Make hours		the disability	11. Total t	time (vears)	•	********
0	yeer)	petion (mon	nth and Unk.	occ	ent in the Unk.		
12.	. BIRTHPLACE (cit	ity or town)	Baltim	ore, Ma	ryland	Other Coutributory Causes of Importance:	
	(State or cour					Blood clot in brain followed	
ER	13. NAME St	even	Scales	(Dec	.)	by coma.	44
FATHER	14. BIRTHPLACE	E (city or to	own)	Unknown		Name of operation Sutured & repaired pate of 9	- DR-1ZG
		r country)	,			What test confirmed diagnosis? Westhere an au	utopsy? A.O.
OTHER	15. MAIDEN NA	ME Ma	rgaret	Scales-	Connolly	23. If death was due to external causes (VIOLENCE) fill in also the following:	
01	16. BIRTHPLACE	E (city or to	wn)	(I	ec.)	Accident, suicide, or homicide? Suicide Dete of injury 9-2	
Σ		r gountry)	Unkno	wn o	. 1	Where did injury occur lary land House of Co	rrection
17. INFORMANT Strace . Smith			). Am	utl	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ice.	
(Address) Jessup Md			up-	md.	Public place		
18. BURIAL CREMATION, OR REMOVAL			N 890	# p 3"	Menner of Injury Cut throat with razor	1	
	Place of the Control of Oete Control of 1903			Oete Constitution	190-190-1	Neture of Injury Long dee incision in t	hroat
19.	. UNOERTAKER	Leo.	rges	July	viic:	24. Was disease or injury in eny way related to occupetion of deceased?	No
	(Address)	1734	T Hale	ford 1	Buch	If so, specify	
20.	FILED SEPT	30 ,1	1937 10/18	mugh 1	pastell	(Signed)	M. 0,
	/			trea	Registrar.	(Address) Maryland Hursl of	JUNION .

(Address) Maryland House of Survey If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example I	T F	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUNEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

BI	
FOR	
RESERVED	
KARGIN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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9	63	1.	0
JY.	1)	~	()

1. PLACE OF DEATH		942	The second
County Classe	Chundel	Registration Dist. No.	23
Village or City Llands	nand	Nodeath occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of residence in city or town who	era death occurradyrsmos	ds. How long in U.S. iI oI loralgn birth?yrs.	ds.
2. FULL NAME Chiste	· morroe Shy	olly If U. S. Veteran, specify WAR.	
(a) Residence: No. Hat	(Usual place of abode)	St., Ward.  If nonresident give city of	r town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DI	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 7 (Year)
5a. II married, widowad, or divorcad HUSBAND of (or) WIFE of Aurice	Campley Shiply	22. I HEREBY CERTIFY, That	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
6. DATE OF BIRTH (month, day, and year)	July 3 1887	I last saw it a solve office inques	_, 19; death is said
7. AGE Yaars Months		to have occurred on the date stated above, at 1906 Am.	
50 2	/ 2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of import ware as follows:	tanca Sept. 15-1
Trede, prolession, or particular kind of work done, as SPINNER,	2	angina relovin	July 19
SAWYER, BOOKKEEPER, etc	Johnson	artino scleronis	1936
DIN CAW MILL DANK ata		f.	
10. Dete dacased last worked at this occupation month end year)	11. Total tima (yaars) spent in this occupation	with pain in che	relace
12. BIRTHPLACE (city or town). Howard (State or country)	mana)	Other Contributory Causes of importance:	enty.
13. NAME adam A.	Shipley		
4 14. BIRTHPLACE (city or town)	ermans	Name of operation	Date of
(Stata or country)	rd.	What test confirmed diagnosis? Cleured. Was	s there an autopsy? NO
15. MAIDEN NAME Same	a clark	23. If death was due to external causes (VIOL ENCE) fill In elso th	e following:
16. BIRTHPLACE (city or town)	seam	Accident, suicide, or homicide? Date of inju	ıry, 19
S (State or country)	ed.	Where did injury occur? (Specify city or town, cour	16
17. INFORMANT Ma Remain (Addrass)	a Shipley	Specify whathar injury occurred in INDUSTRY, in HOME, or in I	PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place 71 CT 25 1. P. J.	1 ACana Sept. 181937	Mennar of injuryNature of injury	
19. UNDERTAKER home W (Address) Link	Burne m	24. Was disease or injury in any way ralated to occupation of date it so, spacify	caased? NO-
20. FILED Sept 18, 19.37	Modella Registrar.	(Signad) Helly Survive	n Corone

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		18 8 3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\ D	
		1.10	Marie 13

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9629
1. PLACE OF DEATH	210-9
County Anne Amuael	Registration Dist. No.
	rille St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ———————————————————————————————————
2. FULL NAME Aguilla Shoebroo	Ka If U.S. Veteran specify WAR World War.
(a) Residence: No. 1621 W. Mulberry (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Market	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janette Shoebrooks	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 24 1898	I last saw h. Aliva on Phortem Examps; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm,
38 8 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8 Frada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	0,0 +
9 Industry or husiness in which	JANOHUM of Stull
work was done, as SILK MILL, SAW MILL, BANK, etc	(A. I.
this occupation (month and 9/4/37 spant in this occupation	(Outstung - Injury)
12. BIRTHPLACE (city or town) At Mary's Co.	Other Contributory Canses of importanca:
(State or country) Mary and	Hemorrhage
F 51 24 0	
4. BIRTHPLACE (city or town) 4. (Stata or country)	Name of operation Date of  What test confirmed diagnosis? Was thera an autopsy?
# 15. MAIDEN NAME Lessix Briscoe	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) At Many's Co. (State or country)	Accident, suicide, or homicide? Leave Date of injury 7/7/, 1937 Where did injury occur all Language 2 miles 5 and 1 mills
17. INFORMANT JAMMER Lhoebrooks	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL  PRIACE SUN COM. SH Mary & Date Dept 10 19:17	Manner of injury Countries & Makes & oresturned.  Nature of Injury Countries of Makes A presented.
19. UNDERTAKER MAS Katie A. Nicliams	24. Was disease or injury in any way related to occupation of deceased?
(Address) 377 n Schroder Dx Bulloma	If so, specify (Signed) (Signed)  M. D.
20. FILED 18 19 19 10 Ce Registrar.	(Aggless) - Garely Mest
76 U. L 1.1	N. C. J. C. J. P. L. P. C. C. N.

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Cerebral hemorrhage	July 5,1927	Peritonitis Constitution of the Peritonitis	3 days ago	
		SEP, VIA		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		7		

# UNFADING INK-THIS IS A PERMANENT REC (ARGIN RESERVED FOR BINDING

1.	. PLACE OF DEATH		95.0	
	county $a - a$	<del></del>	Registration Dist. No.	
	Village or City ann afor	lis and	ND. St.,	Ward
	Langth of rasidenca in city or town where de		If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U. S. If of foreign birth?yrsmos	ds.
2	FULL NAME Lames	Sims .	If U. S. Veteran, specify WAR CORPORATE.	1
	(a) Residence: No. 37 Clo	w -	St., Ward,	
		(Usual place of abode)	If nonresident give city or town and State	
3. S	PERSONAL AND STATISTIC  EX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
1	Mala Col-	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word) Married	(Month) (Day) (Yea	7 ir)
5a.	If marriad, widowed, or divorced Cone Williams of (or) WIFE of	Tarried	1 HEREBY CERTIFY, That I attainded decaased	from
6. D	ATE OF BIRTH (month, day, and year)	set 12. 1877	Plast saw h in aliva on Sept 15 1937; death 1	s sald
	GE GO Years 1877 Months Styll	Days if LESS than 1 day,hrs	to heve occurred on the date stated above, at 5.5 AM.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	
NOUT WITH SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	work was done, as SILK MILL, SAW MILL, BANK, atc	Laborer  0   11. Total time (years)	Hypertensing Heart Disease 181	
12.	BIRTHPLACE (city or town) WEST (	occupation	Other Contributory Causes of Importance:	
~	0-1 0'	1-co-mdi		him
FATHER	14. BIRTHPLACE (city or town) WES		Neme of operation	
2		reek.	What test confirmed diagnosis? Was there an autopay?	
MOIHE	10000	River	Accident, suicide, or homicide? Date of injury	
Σ	(State or country)	1000	Where did injury occur?	
17.	INFORMANT Charles C. (Address) 31 Clary	mm Son	Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	T 1611-119 0	Mannar of injury	
	011101	Noate Sefil - 19, 19.9	Neture of injury	
19.	UNDERTAKER	m	24. Wes disease or injury In any way ralated to occupation of dacaased?	
2D.	(Addrass) 47 Waohingto	Mus 5.	(Signed) Caurence W. freene  (Addrass) Couragoolis, mod.	_M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
007 5 193				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be cordular should after should be cordular should be considered by a factor of the constitution of the con

County Come Comede	Registration Dist. No. 21
Village or City and and	No.
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME TO That That	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. State If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR. DIVORCED (write the word)	21. DATE OF DEATH
male while widowed	(Month) (Day) (Year
5a. If married, widowed, or diversed	22. I HEREBY CERTIFY That I attended deceased
(or) WIFE of Jany Platy	22. I HEREBY CERTIFY, That i attended daceased
6. DATE OF BIRTH (month, day, end year) Quy 29 1866	I last saw h alive on
7. AGE Yaars Months Days If LESS than	
7/ - 25 1day,h	and a kiloure.
8. Trade profession or particular	Coronary disease of the Beart. Curled
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	wish B'10 My Coronary thrombosis.
Rind of work done, as SPTNNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Data daceased last worked at	Q f
	Morel Fody 810 Val
this occupation (month and b-dall spent in this occupation	( Shart Failure)
12. BIRTHPLACE (city or town) foretunon, one	Other Contributary Causes of importanca:
(State or country)	_ No forak
13. NAME Francio Marion Inply	
13. NAME Francis Marion Infly 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Emile & Hosper  16. BIRTHPLACE (city or town) - Palls - Pal	23. If death was due to external causes (VIOLENCE) fill in also tha following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AD. Asilia Acualan. Journal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUDIAL CREMATION, OR TEMOTIAL	Manage of Injury
Place Loudon Tark Date Sept 27,193	And Manner of Injury
um & piku - towa	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addrass) Frees. In	if so, specify
20 FILED Sept 24 1937 morseally	(Signed) VIII Country ()
20 MIED - 10 MI   1   1   1   1   1   1   1   1   1	

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ph parties	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
. 11	2 1			
		1 Oct with 1		
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			25	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STACE	run	runing	STUTINITINI	DI	THISTORM

m

## HEALTH DEPARTMENT—CITY OF BALTIMORE

	CITO DALTIMORE
	TE OF DEATH 108
1. PLACE OF DEATH Q.Q. G.	Registered No. 25
CITY OF BALTIMODE, (N.	(If death occurred in a hospital or institution,
CITY OF BALTIMORE; (No	give its NAME instead
Length of residence in city or town where death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME CELL Spring	<i>egs</i>
(a) Residence: No reland Branch	1 ac w md
(Usual place of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write, the word)	21. DATE OF DEATH (month, day, year) 9/17 , 1939
of colored manual	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of	7/9/3,9 , 19 , to 9/1/3,7 , 19
(or) WIFE of Worm Fenny spring	last saw harmanive on 19 Death is said
6. DATE OF BIRTH (month, day, year) June 6.1875	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:  Date of onset
0 ormin.	126-8-0
8. Trade, profession, or particular klnd of work done, as spinner,	Phone Selens
sawyer, bookkeeper, etc	maphilis h.
work was done, as silk mill, saw mill, bank, etc.	my o cardeti - adehromators
10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
year) occupation occupation	
12. BIRTHPLACE (city or town)	Fabor Promine Jay
E 13. NAME Worm Bones	
0 0	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis Manage Was there an autops (2).  23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME On nice Orsen	lowing: Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city or town)	Where did Injury occur?
(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT Weny Jouggs	place
(Address) Furance Blanch	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	
Place January January 1 2/1, /19	Nature of injury.
19. UNDERTAKED SELECT & Proces Ston	24. Was disease or injury in any way related to occupation of deceased?
(Address) 10 mongomen for	(Signed) M. Ill Escaule M. D.

Registrar.

(Address).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and relate causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
On A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M.

PHYSICIANS should state

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No

stated EXACTLY. properly classified.

should be

AGE

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH					——————————————————————————————————————				
	County_ Anne	Arunde	1		Registration Dist. No. 2I				
1	Village or City		The state of the s	(lí	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds				
}	(a) Residence: No.	Gottlie	b Stamme	r	If U. S. Veteran, specify WAR				
	PERSONAL AN	D STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH				
3.		n or race hite	s. SINGLE, MARR OR DIVORCED Widow	(write the word)	21. DATE OF DEATH  September 22nd 193 7 (Month) (Day) (Year)				
5e.	If married, widowed, or divo HUSBAND of (or) WIFE of	ma Star	mer		22. I HEREBY CERTIFY, Thet I attended decessed from 19				
6.	DATE OF BIRTH (month, day	, and year)	June 15	, 1855	I last saw h aliva on, 19; deeth is sai				
_	AGE Years 82	Months 3	Deys 8	If LESS then 1 day,hrs. ormin.	to have occurred on the data stated above, at				
NOCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, a 10. Date deceased last wor this occupation (more year)  BIRTHPLACE (city or town). (Stata or country)	itk MILL, itc	11. Total timespent occup		Other Contributory Causes of Importance: Arteriosclerosis				
ER	13. NAME	unknown	L						
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)	germany		Name of operation Date of Was there an autopsy?				
HER	15. MAIDEN NAME	unknown	1		23. If death wes due to external causes (VIOLENCE) fill In also the following:				
MOTHE	16. BIRTHPLACE (city or to (Stata or country)	wn)	Germany	************	Accident, suicide, or homicide?				
	(Address)	Tlvato			Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.				
18.	BURIAL, CREMATION, OR R		Dete 9-9	5-3719	Manner of injury				
19.	. UNDERTAKER (Address)	.J., Dar	ny Balto	Md	24. Was disaasa or injury in any way related to occupation of daceased?				
20.	FILED 9-23,	19070	Z.a.	Registrar.	(Signed) (Address) asaleua M.				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis OCT 19 1097 July 5.1927 3 days ago DEDUCAL V. S. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

S BINDING	BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	cate.
F0]	SIS	state	prop	certi
ARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK-THIS	arefully supplied. AGE should be	H in plain terms, so that it may be	TION is very important. See instructions on back of certificate.
. No. 1	B.—WRITE PLANLI	mation should be c	CAUSE OF DEAT	TION is very impo

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	9634
1	. PLACE OF DEATH		(120)	
	County Anne Arundel		Registration Dist. No. 21	
	Village or City Annapolis		No. Emergency Hospital St., death occurred in a hospital or institution, give its NAME instead of street a	
1		6.A (If	death occurred in a hospital or institution, give its NAME instead of street a	ind number)
			ds. How long in U.S. if of foreign birth?yrs,	mosds.
2	. FULL NAME James Edwi		If U. S. Veteran, specify WAR	M. 170 0 0
	(a) Residence: No. 51 Frankl	in St. Usual place of abode)	St., Ward.  ff nonresident give city or town	and State
-	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. Sf	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	7
7		i DIVORCED (write the word)	(Month) (Day)	, 193
-	If merried, widowed, or divorced	2401102		
	(or) WIFE of Laura Russell	Stewart	22   HEREBY CERTIFY, That attent	ded deceased from
			Viast saw alive on 19.	3)
	DATE OF BIRTH (month, day, end year) March AGE Years   Months	14, 1937  Days   If LESS than	to have occurred on the date stated above, at	ELEL; death is said
	64 6 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
-	Trade, profession, or perticular	ormin.	were as follows:	Oate of onset
NO.	I to a standard or opinion	rist	Tuplued Joslin Was 1	hel
OCCUPATION	Industry or business in which work was done, as SILK MILL,		Penetrate.	121
3	SAW MILL, BANK, etc			73
8	10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this occupation		
-	year)	oc:upation	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) Annapolis (State or country) Mary land		Malitalinia	well
04	13. NAME John Stewart		mounty cours	
FATHER			Name of operation Date	
FA	14. BIRTHPLACE (city or town) (State or country) Marylan	d.	What test confirmed diegnosis? Was there	-4
8	15. MAIDEN NAME Laura Ann W		23. If death wes due to external causes (VIOLENCE) fill in also the folio	
MOTHER			Accident, suicide, or homicide? Date of injury	
₩	16. BIRTHPLACE (city or town) (State or country) Maryland		Where did Injury occur?	
1	INFORMANT Mrs. Albert W.	Trader	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC	State) C PLACE.
17	(Address) Annapolis, Md.			
18	BURIAL, CREMATION, OR REMOVAL	Sont 15 37	Manner of Injury	
_	Place Anna polis, Md. Da	e ncho. 10 . 19 01	- Neture of injury	
f9	UNDERTAKER John M. Taylo		24. Wes disease or Injury in My wey related to occupation of deceased	100
_	(Address) Annapolis, Md	0111	If so, specify	
20	FILED Jep 13, 1931	Myss?	(Signed)	7/2 A.M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	April 1990	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

## STATE OF MARYLAND-CERTIFICATE OF DEATH

0	18	0	ber	
63	11	1	5	
U	U	U	11	

1. PLACE OF DEATH	(20)
county limen cruside	Registration Dist. No. 26
Village or City Shady Ricke	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Eleanor Taylor	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 HEREBYCERTIKY, Thet I attended deceased from Spreads 1,1037, to Depter 1,11037
6. DATE OF BIRTH (month, day, and year) Tel- 2 - 1934	I last saw h 2 elive on Sptenson 14,193; deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the date steted above, at 2-00/7m.
3 6 3 ormin.	The PRINCIPAL CAUSE OF BEATH and related causes of importance ware as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Chronic Julistinal 9/2/20
SAWYER, BOOKKEEPER, etc.  9. Indestry or business in which work was done as SILK MILL	Ludigis Lan (1970)
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year) occupation	
12. BIRTHPLACE (city or town) Philas Pa	Dther Contributory Canses of importance:
13. NAME Samuel Taylor	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy? Q
15. MAIDEN NAME Hallie hick  16. BIRTHPLACE (city or town) lhody like  (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Sym - Johiek (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Date Sept 19, 1937	Manner of Injury
19. UNDERTAKER J. A. Hazdester (Address) Lalegrille	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. Sept 19, 19. 3.7 D. B. Dent. Registrar.	(Signed) Illoans, & Doolly M.D.
If more blanks are model address State D. in	N Chala Cara Palitim Para Til C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DEATH

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IK-THIS IS A PERMANENT RECORD. Every item of infor-	should be stated EXACTLY. PHYSICIANS should state	t may be properly classified. Exact statement of OCCUPA.	
PE	E	rly	ate.
4	ted	be	iific
IS	sta	pro	cert
HIS	þe	pe	jo
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June 1	Pales	+	-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) (Year) a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2 1 dey, ..... hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or \_\_\_\_min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?... ----- Was there an autopsy?\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city of town) Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOV Manner of injury Nature of injury. 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKE (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
THEY	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	190, 0	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

N. B.

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	OF	MALI	AIND.	CLIVIII	CAIL		DEALD

	STATE OF	MARYLAND-	CERTIFICATE OF DEA	ATH 9637'
1	I. PLACE OF DEATH			
	County anne a	rundel	Registration	Diet No. 23
	Village or City Sever	a) (D) ()	No.	
	Village of City	(If	death occurred in a hospital or institution, give its NAM	1E instead of street and number)
1	Length of residence in city or town where dee	th occurredyrs,mos	ds. How long In U.S. if of foreign birth?	yrsmosds.
3	2. FULL NAME James	Jerome Vaca	If U. S. Veteran, specify WAR	P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(a) Residence: No. Ora-	Alighman	St. Ward.	
		(Usual place of abode)	and the second s	at give city or town and State
_	PERSONAL AND STATISTIC		MEDICAL CERTIFICAT	E OF DEATH
3.	SEX 4. COLOR OR RACE 5	or DIVORCED (write the word)	21. DATE OF DEATH September (Month)	(Oay) (Year)
5a.	. If married, widowad, or divorced HUSBANO of	0		
	(or) WIFE of Trone		Quant 31. 1937 to	Y. That Lattended daceased from
	DATE OF BIRTH (month, day, end year) Tha	nel 26 1927	l lest sow him alive on assert	3) 4 19.2.7 : deeth is said
	AGE Years Months	Oays If LESS than	to heve occurred on the date stated above, at _ 3_	-2m.
	0 5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad cau	
_		l ormin.	were as follows:	Date of onset
0	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	1		0.75
OCCUPATION	9. Lidustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	lone		
000	10. Date deceesad lest worked et this occupation (month end year)	11. Totel tima (yaars) spent in this occupation		
12	. BIRTHPLACE (city or town)	- And	Other Contributory Canage of Importance: Subscuite Bronchites	8-15-37
2	13. NAME James Janes	a glacela		
FATHER		91	anne	
FA	14. BIRTHPLACE (city or town) (State or country)	my Mod-	Name of operation	Date of
ER	15. MAIDEN NAME Alolares	Luedthe	23. If daeth was due to external causes (VIOL ENCE)	
15. MAIOEN NAME Alolares Suadthe  16. BIRTHPLACE (city or town) Bacto. Ind.  (State or country)				. Date of injury, 19
17. INFORMANT Mas James Vacels &.  (Address)			(Specify city of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OF REMOVAL Brookly	men dy Syst 219 37	Manner of injury	
19	UNDERTAKER Milton (Address) //2 2 6 Mon	Schilling.	24. Wes disease or injury In any way ralated to occu	pation of deceased? No
20.	FILED Sept 1, 1937 m	sise dicts. ma	(Signad) Sarum In	moore M.O.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Yuly 5,1927	Peritonitis	3 days ago
1/ 001	16		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
	1112 XIX A					

9638

1. PLACE OF DEATH	(3)
County anne Crusdel	Registration Dist. No. 23
Village or City Glew Burnis	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliamu Neury Mallers	11 U. S. Veteran, specify WAR
(a) Residence: No. The Busines	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Mule OR DIVORCED ("write the word)	Saplanter 193/
5a. If married, widowed, or divorced	(Month) (Dey) (Yéar)
HUSBAND of Real to Melyan	22.   HEREBY CERTIFY, That I attended deceesed from
C + 10/1/	Vatient dichared alad, 19
6. DATE OF BIRTH (month, day, end year)	I last saw h Calive to
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebove, at
Julian III.	were as follows: Date of onset
R-Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end spent in this spent in this	Chrome regularities 1937
9. Industry or business in which work was done, es SILK MILL, Mates Months	
SAW MILL, BANK, etc. Mates Months	
O 10. Date deceased last worked at this occupation (month end year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Mashington D. C. (State or country)	Other Contributory Causes of importance:
E Sull. 1.	
(Stete or country)	Name of operation Date of
	What test confirmed diagnosis? West there an aulopsy? To
E TOUR	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? ————————————————————————————————————
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Puth Moors	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Year Purme Md.	
Pleenly od low by Bate Lipt 3, 1937	Neture of injury
2 12 1	
19. UNDERTAKET omas Charles (Address)	24. Was disease or Injury in any wey related to occupation of deceased?
Solv 2/ 20 Section	(Signed) Havry M. Mass & M. D.
20. FILED 20, 190 Registrar.	(Address) Jours act glan Burn
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	Then Burnio.

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Chronic interstitial nephritis	1921	Rumova by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritopit	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis A ,	1 year
		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	

See instructions on back of certificate.

TION is very important.

B.—WRITE PL

## STATE OF MARYLAND-CERTIFICATE OF DEATH

0	6	2	9	'n
U	()	()	4	9

1	County		TH ne Arund	el		Registration Dist. No.	4
	Village or Ci	,			ate Hosp		
1	Length of resid	dence in ci	ty or town where de		yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and stree	mosds.
1	2. FULL NAM	NE	Mary	Ward		If U. S. Veteran, specify WAR	
	(a) Resident	e: No	(Add	ress un	known) D	orchestewa County, Maryland	
and the same	PERSON	Al AN	D STATISTIC	(Usual piace		If nonresident give city or town a	
3	SEX		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	female	t	olack	or DIVORCEI Wido	(write the word)	September 15th (Month) (Day)	, 193
5e.	HUSBAND of (or) WIFE of	ud, or dive	iknown			22. I HEREBY CERTIFY, Thet I ettend April 21st 19 35to Sept. 15	
6.	DATE OF BIRTH (	month, da	v. end veer)	1865	(2)	lest saw h. er elive on Sept. 15	37. death is said
_	AGE Year		Months	Deys	If LESS then	to heve occurred on the date stated above, at 6:15PmM.	
-	72	(?)	Unkn	own	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	12.
LION	kind of w	de, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Domestic				Acute cardiac dilitation	Date of onset
PA	9. Industry or b	done, es	SILK MILL.		-		
OCCUPATION	SAW MILI 10. Dete deceese this occup year)	d last wor	nth and		me (years) t in this	-	
12.	BIRTHPLACE (city		Mary			Other Contributary Canses of Importence: Mitral insufficiency	
ER	13. NAME	Unkr	own				
FATHER	14. BIRTHPLACE (Stete or	(city or to	unkn Unkn	own		Neme of operation Dete of	
ER	15. MAIDEN NAM	AE.	Unknow	n		What test confirmed diegnosis? Wes there a  23. If death was due to externel ceuses (VIOL ENCE) fill in elso the follow	
MOTHER	16. BIRTHPLACE (State or		own)	Unknow	n	Accident, suicide, or homicide?	•
	. INFORMANT (Address)	Ca	spital		vland	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC	otate) PLACE.
18.	BURIAL, CREMATI	ON OR F	REMOVAL Cen	Dete 9/-	22 19)	Menner of injury	
19.	. UNDERTAKER	2	RKWan	Meroñe	Suppl	24. Wes disease or injury in my way related to occupetion of deceased?  If so, specify	
20,	FILED L. 2/2	22.	1937	27-8	y C. Registra	(Signod) Crownswille, Maryl	and M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage 5 100	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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	infor- state UPA		. PLACE OF	DEAT	IAIL	JF	MAK	ILAND	
1									_
1)	should of OCCI				Arundel				
	sh of				napolis				di
	nt NS		Length of resid	lence In cit	y or town where	deeth	occurred	8 yrs 9 m	os
	Every SIANS ement	2	. FULL NAM	ME_E	mma M.	We	11s		
	PHYSICIANS oct statement		(a) Resident	ce: No	11 Fra	anc	is St	of abode)	
	RE PH Exact		PERSON	AL AN	D STATIST	ICA	L PARTI	CULARS	
			sex emale		r or race	5. S	INGLE, MAR	RIED, WIDOWED, D (write the word)	
BINDING	A PERMANENT ted EXACTLY perly classified.	-	If married, widowe HUSBAND of (or) WIFE of			11:	S		
BII	E y c te.	6.	DATE OF BIRTH (	month, day	, and year) De	ec.	14,	1863	
	ed ed fica	7	AGE Year	rs	Months		Days	If LESS than  1 day,hr	
FOR	IS A PE stated E properly certificate	_	73		9		1	ormin.	٥.
RESERVED	INK—TIIIS  E should be it it may be it on back of c	OCCUPATION	8. Trade, profes kind of w SAWYER, 9. Industry or t work was SAW MIL	ork done, BOOKKEE	PER, etc.	Iou Iom			
ESE	AGE shot that it is	000	10. Date decease		ked at		11. Total t	ime (years) nt in this upation	
TARGIN R	ot ct	12.	BIRTHPLACE (cit (State or coun		Annapo Mary la		S,		
RG	VF.	E E	13. NAME I	ouis	H. Rel	nn			
TA	H UNFAI supplied.	FATH	14. BIRTHPLACE (State or	. ,	wn) Geri	nan	У		
	WITH sfully sin plain int. Se	ER	15. MAIDEN NA	ME Sa	rah Bu	tto	n		
T	A 12	MOTHER	16. BIRTHPLACE (State or	(city or to	A	apo			
	hould be car OF DEATH very import	17.		John Anna		lls Md			
	rte pe. n should SE OF D	18.	BURIAL, CREMAT		EMOVAL		المالة	F18 ,193	1
2.1	B.—WRITE mation sh CAUSE (	19.	UNDERTAKER	John		ylo	r		
S. No. 1	B.		7.5	The last	olis,	Md.	111	110011	
>	z v	20.	FILED CALLS	W-1-4:	19.		TH	Reducer	1.

f	death occurred in a hospital or institution, give its NAME instead of street and number)
s.	ds. How long in U.S. if of foreign birth?
	If U. S. Veteran, specify WAR
-	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
200	21. DATE OF DEATH
-	(Nonth) (Day) (Yer)
	22. HEREBY CERTIFY, That, I attended deceased from 1937, to 1937, to 1937; deeth is said
	to have occurred on the date stated above, at/m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
-	were as rollows:
-	auch Delstation
	great.
	Other Contributory Causes of importance:
_	Cr. myseartes Olan
	Name of assertion
-	What test confirmed diagnosis? Was there an aulopsy?
-	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur?
	(Specify eity or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
-	If so, specify
	(Signed) (Addyess) Church (Land) M. D

Registration Dist. No.21

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OCT 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

statement

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PHYSICIANS

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stated

supplied.

should be carefully

-WRITE

S. No. 1

in plain

OF DEATH

certificate.

back

instructions

very important.

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SCORD.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH (213-d Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos. \_\_\_ If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5e. If married, widowed, or divorced HUSBAND of 22 HEREBY CERTIFY, That I attanded daceased from (or) WiFE of 1901 6. DATE OF BIRTH (month, day, end year) 7. AGE if LESS than to have occurred on the date stated above. at 10.30 Months Deys 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 36 or ..... min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10 Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation .... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis?.. Was thera an autopsy?\_. MOTHER 15. MAIDEN NAME 23. If deeth was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? Cleridant. 16. BIRTHPLACE (city or town) .... (State or country) Whera did injury occur (Specify city or town, county and State) 17. INFORMANT & day hear Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) domonina 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury \_ Jell Nature of injury 19. UNDERTAKER (Address) if so, specify

Registrar.

(Signed)

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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